

Flintshire County Council



REPORT

BY THE

MEDICAL OFFICER

ON THE

HEALTH

OF

FLINTSHIRE

DURING THE YEAR

1952.

FLINTSHIRE COUNTY COUNCIL.

County Health Offices,
Llwynegrin,
MOLD.

September, 1953.

To the Chairman and Members
of the Flintshire County Council.

Mr. Chairman, Ladies and Gentlemen,

In submitting for your consideration this Report on the Health of the County of Flint for the year 1952, I also tender my most humble apologies for the delay in its presentation—a delay due, as you are aware, to an unprecedented amount of sickness among the medical staff during the earlier part of 1953.

Each Annual Report since the National Health Service Act became operative in 1948 has contained references to the working of the Act, and the co-ordination of the Local Authority services with the other services provided in the Act. In August, 1952, Circular 29/52 (Wales) was received from the Welsh Board of Health, and it contained a request that a special survey be made of the services provided under various Sections of the Act and included in the Annual Report for 1952, but that an advance-typed copy be forwarded to the Board by February 28th, 1953. The report on this survey is included in the present Report. At that time, vital statistics which are obtained from the Registrar-General were not available, but these are included in the present Report. It will be noted that the Registrar-General's estimate of the total population of the County for 1952 is exactly the same as 1951, namely 145,700, but that there are variations in the population of the several County districts. With a static population for the time being, it is to be regretted that the birth rate is decreasing, and the death rate is increasing. Further reference to these and other matters are made in the body of the Report.

During the year, there were changes in the medical, nursing and other staff. Dr. Venables and Dr. Nest Jones resigned after three years excellent service to the County—Dr. Venables on account of increasing family responsibilities, and Dr. Nest Jones to take up another appointment nearer to her home in South Wales. The vacancies were filled by Dr. Elizabeth Jones Thomas and Dr. Walter Denbow. Nurse Eyes (Buckley) retired on pension, and was replaced by Nurse Matthews. Nurse Thomas (Maclor) resigned on the grounds of ill-health, and was replaced early in 1953 by Nurse Oliver, while Mrs. Rees was appointed to fill the vacancy in the Northop area which had existed for some time.

The Welfare Services under the National Assistance Act were also re-organised. Mr. Isaac Hughes, the Chief Administrative Officer, retired and was later replaced by Mr. Wesley Hughes. Mr. Iball and Mr. W. Davies also retired, and the Buckley-Hawarden area was merged into Mold area, while Mr. C. Evans undertook the duties of Welfare Officer in the Holywell area.

Much work has been carried out by the Medical staff and by Mr. Lewis, the County Sanitary Inspector, in connection with the survey, which is being conducted by Dr. Percy Stocks in Lancashire, Cheshire and North Wales, into the possible causes of malignant disease. This entailed obtaining information, covering some years, as to the places of residence and habits of persons who died from malignant disease, and the taking of "soil" samples in certain cases.

May I express my gratitude for the great assistance which I have received from you, Mr. Chairman, from all Members of the County Council and of the Health Committee, from your Administrative Officers, from the County District Councils and their Officers, from the Officers of the associated Voluntary Organisations, and from a very loyal Departmental Staff.

I have the honour to be,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. ROBERTS,

County Medical Officer.

Section 1.

ADMINISTRATION.

A.—DEPARTMENTAL OFFICERS.

County Medical Officer :

Aneurin Evan Roberts, M.B., B.S. (London), D.P.H. (Liverpool).

Deputy County Medical Officer (also Senior Medical Officer in charge Maternity and Child Welfare) :

A. E. Gwladys Rowlands, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H. (Lond.).

Senior Medical Officer (in charge School Health Services) :

Edna Pearse, M.B., Ch.B., C.P.H. (Liverp.).

Assistant Medical Officers (full-time) :

Corris Venables, M.B., Ch.B., C.P.H. (Liverp.), D.Obst.R.C.O.G. (Resigned 25/6/52).

Nest M. Jones, B.Sc., M.B., Ch.B. (Wales), D.Obst.R.C.O.G. (Resigned 13/7/52).

Elizabeth D. M. Jones Thomas, M.B., Ch.B. (since 6/8/52).

Walter Ellis Denbow, M.R.C.S., L.R.C.P., D.P.H., B.Sc. (since 10/9/52).

Assistant Medical Officers (part-time) who are also Medical Officers of Health for Grouped County Districts :

A. Cathcart, M.B., Ch.B., D.P.H., D.T.M. & H.

R. Rhydwen, M.B., B.S., D.P.H.

D. J. Fraser, M.B., Ch.B., D.P.H.

Dental Officers :

Leslie Hanson, L.D.S.

County Sanitary Inspector (also Food and Drugs Inspector) :

Elwyn Lewis, M.R.S.I., M.S.I.A.

County Nursing Officer :

Mrs. Frances M. Williams, S.R.N., S.C.M., H.V.Cert., R.San.Inst.Cert.

Superintendent Health Visitor/School Nurse (also Domestic Help Organiser) :

Miss D. V. Gray, S.R.N., S.C.M., H.V.Cert., Cert.M.S.R.

Health Visitors (acting jointly as Health Visitors and School Nurses) : All State Registered Nurses and State Certified Midwives, and with Health Visitor's Certificate (with one exception*) or other qualification :—

Miss L. M. Eyes (retired 13/8/52), Mrs. M. E. Hawkins, Miss M. J. Hughes, Miss J. M. Jewell, Miss Ellen Jones, Miss G. Jones, Miss P. M. Matthews (since 5/8/52), Miss A. Molloy, Mrs. M. M. Nield, Miss L. Oliver, Mrs. M. E. Pearse, Miss O. M. Pierce, Mrs. E. G. E. Rees (since 1/9/52), Mrs. J. Thomas, Mrs. M. P. Thomas (resigned 19/11/52), Mrs. D. Thompson, *Mrs. A. E. Williams, S.R.N., S.R.F.N.

Tuberculosis Visitors :

Miss C. Hopwood, S.R.N., S.C.M., R.F.N., H.V.Cert. T.A.Cert. (resigned 30/9/52).

Miss M. E. Owen, S.R.N.

Miss M. M. D. Evans, S.R.N., S.C.M., T.A.Cert. (since 17/11/52).

Chief Clerk :

William Ithel Roberts.

Departmental Senior Clerk :

Arthur Whitley.

Domiciliary Midwives and Domiciliary General Nurses :

At the end of the year under report, the following Midwives and Nurses were employed full-time by the County Council :—

District Midwives	...	...	...	...	6
District Nurse Midwives	...	...	...	...	26
District Nurses	...	...	...	...	10
Total					42

Domestic Helpers (employed at the end of the year) :

Whole-time	...	...	...	...	2
Part-time	...	...	...	...	91
Total					93

Welfare Officers (also "duly authorised officers" for purposes of the Lunacy and Mental Treatment Acts) :

Until 30th June, 1952 :—

Buckley and District—W. H. Iball, Richmond House, Brunswick Road, Buckley. Tel. Buckley 388.

Holywell and District—W. Davies, Welfare Offices, Holywell. Tel. Holywell 242.

Mold and District—T. Wesley Hughes, Welfare Offices, Wrexham Street, Mold. Tel. Mold 111.

Rhyl and District—E. Williams, Welfare Officer, Old Emmanuel School, Vale Road, Rhyl. Tel. Rhyl 799.

Mr. T. Wesley Hughes is also "authorised officer" for the purposes of the Mental Deficiency Acts.

Since 1st July, 1952 :—

A. For the purpose of :—

- (1) The Lunacy Act, 1890 (certification of mental patients).
 - (2) The Mental Treatment Act, 1930 (admission of temporary patients).
 - (3) The Mental Deficiency Acts, 1913-1927 (welfare of mental defectives).
 - (4) The National Assistance Act, 1948 (welfare of handicapped persons).
- the County is divided into two parts—(a) East, and (b) West.

(a) The Eastern half of the County comprises :—

Hawarden Rural District.

Maelor Rural District.

Connah's Quay Urban District.

Buckley Urban District.

Flint Municipal Borough.

Mold Urban District.

Eastern part of the Holywell Rural District (Parishes of Nerquis, Mold Rural, Cilcain, Halkyn, Northop).

Duly Authorised Officer—Mr. Wesley Hughes.

Office—Wrexham Street, Mold. Telephone No. Mold 111.

(b) The Western half of the County comprises :—

Rhyl Urban District.

Prestatyn Urban District.

St. Asaph Rural District.

Holywell Urban District.

Western part of Holywell Rural District (Parishes of Gwaenysgor, Newmarket, Llanasa, Whitford, Caerwys, Nannerch, Ysceifiog, Brynford).

Duly Authorised Officer—Mr. Ernest Williams.

Office—Old Emmanuel School, Vale Road, Rhyl.

Telephone No.—(Office) Rhyl 799 ; (Home) Rhyl 1333.

B. For the purposes of Section 27 of the National Health Service Act (Ambulance and Sitting Case Car Service), the County is divided into three areas :—

- (1) **Rhyl area as formerly** comprising the Rhyl Urban District, Prestatyn Urban District and St. Asaph Rural District.
Office—Old Emmanuel School, Vale Road, Rhyl.
Telephone No.—(Office) Rhyl 799 ; (Home) Rhyl 1333.
- (2) **Holywell area as formerly** comprising Flint Municipal Borough, Holywell Urban District, and the North Western part of the Holywell Rural District.
Office—Premises adjoining Lluesty Hospital, Holywell.
Telephone No.—Holywell 172.
- (3) **The former Mold area is extended** to include Buckley Urban District, Connah's Quay Urban District, and Hawarden Rural District.
Office—Wrexham Street, Mold.
Telephone No.—Mold 111.

B.—ASSOCIATED OFFICERS.

Clerk of the County Council :

W. Hugh Jones.

Secretary of the Education Committee :

B. Haydn Williams, B.Sc., Ph.D.

County Surveyor :

P. J. Maddicks, B.Sc., A.M.I.C.E.

County Architect :

W. Griffiths, L.R.I.B.A.

County Treasurer :

R. J. Jones.

Ophthalmic Consultants (Certification of Blind Persons) :

E. F. Wilson, Esq., Chester.

A. C. Shuttleworth, Esq., Chester and Colwyn Bay.

Administrative Officer (National Assistance) :

Isaac Hughes (retired 30/9/52).

Administrative Assistant (Welfare Service) :

T. Wesley Hughes (commenced 1/1/53).

Children's Officer :

Mrs. L. Davies, B.A.

Health Officers of the Several Sanitary Districts.
(As on 31st December, 1952).

District.	Medical Officer.	Sanitary Inspector.
Buckley Urban	Dr. Allan Cathcart	Mr. A. G. Watkin, U.D.C. Offices, Buckley.
Connah's Quay Urban	Dr. Allan Cathcart	Mr. W. A. Barker, U.D.C. Offices, Connah's Quay.
Flint Municipal Borough	Dr. D. J. Fraser	Mr. D. I. Kennedy, Town Hall, Flint.
Holywell Urban	Dr. D. J. Fraser	Mr. J. Topham, U.D.C. Offices, Holywell, until 19/7/52. Mr. J. Farrell, U.D.C. Offices, Holywell, from 13/10/52.
Mold Urban	Dr. D. J. Fraser	Mr. H. G. Barnes, U.D.C. Offices, Mold.
Prestatyn Urban	Dr. Ranyl Rhydwen	Mr. I. W. Jones, U.D.C. Offices, Prestatyn.
Rhyl Urban	Dr. Ranyl Rhydwen	Mr. E. L. Ll. Jones, U.D.C. Offices, Rhyl.
Hawarden Rural (Dist. No. 1)	Dr. Allan Cathcart	Mr. M. Emllyn Thomas, R.D.C. Offices, Hawarden.
Hawarden Rural (Dist. No. 2)	Dr. Allan Cathcart	Mr. Watkin Williams, R.D.C. Offices, Hawarden.
Holywell Rural	Dr. D. J. Fraser	Mr. D. O. Meredith Jones, R.D.C. Offices, Holywell.
Maclor Rural	Dr. Allan Cathcart	Mr. R. L. Higgins, Willow Street, Overton.
St. Asaph Rural	Dr. Ranyl Rhydwen	Mr. R. P. Barlow, R.D.C. Offices, St. Asaph.

Section A.

STATISTICS AND SOCIAL CONDITIONS OF
THE COUNTY.

1. AREA.

The area of the County is 255.7 square miles, or 163,707 statutory acres, that of its separate geographical divisions being respectively : Main Division, 133,308 ; the Maelor Hundred, 29,749 ; the Civil Parish of Marford and Hoseley, 650 acres.

2. POPULATION.

Prior to 1950, the Registrar-General when submitting his mid-year estimate of population, gave separate figures for (a) civilians, and (b) non-civilians (members of the armed forces stationed in the area). Since 1950, these figures have been combined under the title of "home population."

Table 1 (a) shows the areas and populations of the various County Districts prior to the adjustment of boundaries in April, 1934, and Table 1 (b) the areas and populations after 1934.

Table 1 (a).
AREA, POPULATION, ETC.

District.	Area in Statutory Acres.		Population (By Census).				
			1901	1911	1921	1931	
Urban—							
Buckley	2034	5780	6333	6726	6899
Connah's Quay	4214	3396	4596	5060	5980
Flint (Mun. Boro.)	3435	4625	5472	6298	7655
Holywell	917	2652	2549	3073	3424
Mold	854	4263	4873	4659	5137
Prestatyn	1640	1261	2036	4415	4512
Rhyl	1700	8473	9005	13968	13485
Rural—							
Hawarden	31588	15821	20571	24036	26575
Holywell	64519	23999	25328	25933	26709
Maelor	29749	5057	5176	5102	4761
St. Asaph	23057	6158	6766	7347	7752
Total Urban	14794	30450	34864	44199	47092
Total Rural	148913	51035	57841	62418	65797
Whole County	163707	81485	92705	106617	112889

Table 1 (b).

District.	Area in Statutory Acres.	Population (estimated mid-year).						Census 1951
		1935	1939	1944	1949	1951	1952	
Urban—								
Buckley ...	2646	7056	7345	6895	7622	7703	7704	769
Con. Quay ...	4214	5950	6505	6420	7455	7316	7351	730
Flint M.B. ...	6243	12000	13020	11750	14160	14230	14250	142
Holywell ...	2532	5539	6918	7286	7870	8162	8159	815
Mold ...	1164	5495	5880	5700	6354	6509	6553	64
Prestatyn ...	3219	6100	7422	8089	8659	8720	8553	88
Rhyl ...	1700	14760	16510	18370	18710	18700	18800	187
Rural—								
Hawarden ...	31576	27010	28750	29760	32450*	34900	35030	346
Holywell ...	58515	20380	20730	20920	21920	22340	22380	223
Maelor ...	29749	4492	4356	4599	6720	6480	6230	67
St. Asaph ...	22149	7218	7494	7471	8380*	10640	10690	98
Total Urban ...	21718	56900	63600	64510	70830	71340	71370	715
Total Rural ...	141989	59100	61330	62750	69470*	74360	74330	736
Total County ...	163707	116000	124930	127260	140300*	145700	145700	1451

* For the year 1949, the following figures representing non-civilian population should be added to those for the County Districts mentioned below :—

Hawarden Rural District	...	...	...	1950
St. Asaph Rural District	...	...	...	1990
Total Rural	...	...	...	3940
Whole County	...	...	...	3940

3. FINANCIAL.

The product of a penny rate, computed for the County in respect of the year 1952-53, was £3,310.

4. SOCIAL CONDITIONS.

These are discussed elsewhere in the Report.

5. BIRTHS.

During the year under review, 2,368 births were registered as pertaining to the County, that total being made up as follows:—

			Live Births.		Still Births.		Total.
Legitimate	...	...	2183	...	63	...	2246
Illegitimate	...	...	120	...	2	...	122
			<hr/>		<hr/>		<hr/>
Total	...		2303		65		2368
			<hr/>		<hr/>		<hr/>

Compared with the previous year, 1951, these figures show a decrease of 78 live births, and an increase of 7 still births, the **total** births thus showing a decrease of 71.

Of the 2,303 live births, 1,198 were males and 1,105 females.

Of the 65 still births, 36 were males and 29 females.

Further reference will be made to these figures when considering the Neo-natal and Infant Death Rates.

The live birth rate per 1,000 population in 1952 was 15.81, which is better than the rate for England and Wales, namely 15.3, but is lower than that for 1951 (16.34).

The still birth rate per 1,000 population was 0.45, which is worse than the rate for England and Wales as a whole, namely 0.35, and higher than that for 1951—0.40.

Illegitimate Births—The proportion of illegitimate births, which had risen very considerably during the war years, has since decreased, but fluctuates from year to year. In 1947, the proportion per 1,000 total births was 69.3, in 1948 it had fallen to 53.3, in 1949 it had again risen slightly to 57.3, but in 1950 it had again fallen to 43.87, and in 1951 to 39.36. It has again risen, in 1952, to 51.52.

Births in the various County Districts—Table 2 (a) shows the births Live and Still, Legitimate and Illegitimate; whilst Table 2 (b) shows the birth rates in the County Districts.

Table 2 (a).
BIRTHS, 1952.

District.	LIVE.			STILL.			TOTAL.		
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.
Urban—									
Buckley	99	6	105	2	1	3	101	7	108
Connah's Quay	120	8	128	4	—	4	124	8	132
Flint	262	9	271	5	—	5	267	9	276
Holywell	142	3	145	3	1	4	145	4	149
Mold	116	8	124	5	—	5	121	8	129
Prestatyn	87	7	94	1	—	1	88	7	95
Rhyl	260	23	283	7	—	7	267	23	290
Rural—									
Hawarden	540	30	570	20	—	20	560	30	590
Holywell	330	16	346	8	—	8	338	16	354
Maelor	103	5	108	5	—	5	108	5	113
St. Asaph	124	5	129	3	—	3	127	5	132
URBAN	1086	64	1150	27	2	29	1113	66	1179
RURAL	1097	56	1153	36	—	36	1133	56	1189
WHOLE COUNTY	2183	120	2303	63	2	65	2246	122	2368

Table 2 (b).

BIRTHS AND BIRTH RATES, 1952.

(Live Births, Stillbirths and Total Births).

District.	Number of Births.			Crude rate per 1000			* Adjusted rate per 1000		Stillbirth rate per 1000 Total Births.
	Live.	Still.	Total.	Live.	Still.	Total.	Live.	Still.	
Urban—									
Buckley	105	3	108	13.63	.39	14.02	13.49	.38	27.78
Connah's Quay	128	4	132	17.41	.54	17.95	16.54	.51	30.30
Flint (M.B.)	271	5	276	19.02	.35	19.37	18.64	.34	18.12
Holywell	145	4	149	17.77	.49	18.26	17.59	.48	26.85
Mold	124	5	129	18.92	.76	19.68	19.30	.77	38.76
Prestatyn	94	1	95	10.99	.12	11.11	12.86	.14	10.53
Rhyl	283	7	290	15.05	.37	15.42	15.05	.37	24.14
Rural—									
Hawarden	570	20	590	16.27	.57	16.84	16.27	.57	33.90
Holywell	346	8	354	15.46	.36	15.82	17.16	.40	22.60
Maelor	108	5	113	17.34	.80	18.14	16.99	.78	44.25
St. Asaph	129	3	132	12.07	.28	12.35	15.69	.36	22.73
TOTAL URBAN	1150	29	1179	16.11	.41	16.52	16.27	.41	24.60
TOTAL RURAL	1153	36	1189	15.51	.48	15.99	16.44	.51	30.28
WHOLE COUNTY	2303	65	2368	15.81	.45	16.25	16.28	.46	27.45

* Adjusted by the Comparability factor for comparison with other areas.

Premature Births—All babies weighing $5\frac{1}{2}$ lbs. or less at birth are classified as “premature” irrespective of the period of gestation. Out of a total of 177 premature births in 1952, 126 were born in hospitals or Maternity Homes within the National Health Service. Statistics as to the survival of these infants are forwarded to the Ministry of Health by the hospital or home at which the birth occurs. Of the remainder, 34 live births and 7 still births occurred at home, while 9 live births and 1 still birth occurred at private maternity homes.

The following table shows (a) that of the 34 live births at home, 5 were transferred to hospital, 5 died in the first 24 hours, while 24 survived 28 days; (b) of the 9 born alive at private nursing homes, all survived 28 days.

Table 3.

PREMATURITY.

All the items in this section refer to notified births after correction for transfers.

(1) Premature infants (i.e., $5\frac{1}{2}$ lbs. or less at birth, irrespective of period of gestation) :—	
(a) Total number of premature live births in the area	152
(b) Number of premature live births at home	34
(c) Number of premature live births in private nursing homes (see Note 1)	9
(2) Premature stillbirths (i.e., $5\frac{1}{2}$ lbs. or less, irrespective of period of gestation) :—	
(a) Total number of premature stillbirths in the area	25
(b) Number of premature stillbirths at home	7
(c) Number of premature stillbirths in private nursing homes	1

N.B.—Table 3 is continued on page 15, and explanatory notes to the Table appear on page 16.

Premature live births														
Premature still-births	Nursed entirely at home					Transferred to Hosp (see Note 3)	Birth Weight (see Note 2)	Premature still-births	Nursed entirely in nursing homes					Transferred to Hosp (see Note 3)
	Died in first 24 hrs.	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total				Died in first 24 hrs	Died on 2nd to 7th day	Died on 8th to 28th day	Survived 28 days	Total	
2	1	..	..	..	1	..	2 lbs. 3 oz., or less (1,000 gms. or less)	..	..	..	..	..	..	..
..	1	..	..	..	1	..	Over 2 lbs. 3 oz up to and including 3 lbs. 4 oz. (Over 1,000 gms. up to and including 1,500 gms.)	..	..	..	..	..	..	..
1	2	..	..	3	5	3	Over 3 lbs. 4 oz. up to and including 4 lbs. 6 oz. (Over 1,500 gms. up to and including 2,000 gms.)	..	..	..	1	1	..	..
1	..	..	..	2	2	..	Over 4 lbs. 6 oz. up to and including 4 lbs. 15 oz. (Over 2,000 gms. up to and including 2,250 gms.)	..	..	..	3	3	..	..
3	1	..	..	19	20	2	Over 4 lbs. 15 oz. up to and including 5 lbs. 8 oz. (Over 2,250 gms. up to and including 2,500 gms.)	1	..	..	5	5	..	..
7 (see Note 4)	5	..	..	24	29 (see Notes 6 and 7)	5	TOTALS	1 (see Note 5)	..	..	9	9	(see Notes 8 and 9)	..

NOTES TO TABLE 3.

1. "Private nursing home" includes nursing homes and maternity homes not in the National Health Service, and Mother and Baby Homes where the women are confined in the Home.
2. The weight divisions in the table are those recommended by the Joint Standing Committee on Prematurity to make British statistics internationally comparable.
- 3 This return is complementary to one issued to hospitals. Careful check should be made that all cases removed to hospital are included in this column.
- 4 and 5. These totals should correspond respectively with 2 (b) and 2 (c).
- 6 and 7. These totals together should correspond with 1 (b).
- 8 and 9. These totals together should correspond with 1 (c).

6. DEATHS.

During the year under review, a total of 1,758 deaths were ascribed to the County, representing a death-rate per 1,000 population of 12.06, which is above the rate for England and Wales as a whole, namely 11.3.

The various causes of death are set out in Table 4, and it will be seen that Diseases of the Heart and Circulation (Nos. 17, 18, 19, 20, 21) are responsible for 49.71 % of the total deaths. This is a slight increase on the previous year when the percentage was 47.06 %. Deaths from Diseases of the Heart and Circulation occur chiefly among the more aged members of the community, and analysis of the Registrar General's returns show that, of the total of 874 deaths from this cause, 253, or 29 %, were of persons aged between 65 and 75 years, and 426, or 48.7 %, of persons who were aged 75 years or more.

Malignant disease and associated conditions (Nos. 10, 11, 12, 13, 14, 15) were responsible for 19.28 % of the total deaths as compared with 17.6 % in the previous year. Influenza accounted for 12 deaths, a considerable decrease over the previous year (79). It will be remembered that in the early part of 1951 there was an epidemic of Influenza throughout the country, but, fortunately, the County was not severely affected. Deaths from Respiratory Tuberculosis show a decrease to 45 as compared with 59 in 1951.

Table 4.

DEATHS (GENERAL) 1952.

SUMMARY OF CAUSES.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
1. Tuberculosis—respiratory ...	32	13	45	2.56
2. Tuberculosis—other ...	5	1	6	.34
3. Syphilitic Disease ...	8	1	9	.51
4. Diphtheria ...	—	—	—	—
5. Whooping Cough ...	1	—	1	.06
6. Meningococcal infections ...	—	2	2	.11
7. Acute Poliomyelitis ...	—	1	1	.06
8. Measles ...	—	—	—	—
9. Other infective and parasitic diseases ...	—	3	3	.17
10. Malignant Neoplasm—stomach ...	43	39	82	4.66
11. Malignant Neoplasm—lung, bronchus ...	30	3	33	1.88
12. Malignant Neoplasm—breast ...	—	26	26	1.48
13. Malignant Neoplasm—uterus ...	—	22	22	1.25
14. Other malignant and lymphatic neoplasms ...	93	72	165	9.38
15. Leukaemia, aleukaemia ...	3	8	11	.63
16. Diabetes ...	1	6	7	.40
17. Vascular lesions of the nervous system ...	127	168	295	16.78
18. Coronary disease, angina ...	145	61	206	11.72
19. Hypertension with heart disease ...	20	17	37	2.10
20. Other heart disease ...	116	158	274	15.59
21. Other circulatory disease ...	27	35	62	3.53
22. Influenza ...	6	6	12	.68
23. Pneumonia ...	35	32	67	3.81
24. Bronchitis ...	32	15	47	2.67
25. Other diseases of respiratory system ...	9	5	14	.80
26. Ulcer of stomach and duodenum ...	10	4	14	.80
27. Gastritis, enteritis and diarrhoea ...	4	2	6	.34
28. Nephritis and nephrosis ...	14	12	26	1.48
29. Hyperplasia of prostate ...	17	—	17	.97
30. Pregnancy, childbirth, abortion ...	—	4	4	.23
31. Congenital Malformations ...	7	16	23	1.31
32. Other defined and ill-defined diseases ...	85	75	160	9.10

Table 4—continued.

Cause of Death.	Males.	Females.	Total.	Percentage of Total Deaths.
33. Motor vehicle accidents	11	5	16	.91
34. All other accidents	37	21	58	3.30
35. Suicide	3	3	6	.34
36. Homicide and operations of war	1	—	1	.06
All causes	922	836	1758	

DEATHS FROM RESPIRATORY TUBERCULOSIS—Table 4 (a) shows the deaths from Respiratory Tuberculosis in the various County Districts.

Table 4 (a).

DEATHS FROM RESPIRATORY TUBERCULOSIS.

County District.	Males.	Females.	Total.
Urban—			
Buckley U.D.	1	1	2
Connah's Quay U.D.	—	1	1
Flint M.B.	2	1	3
Holywell U.D.	—	1	1
Mold U.D.	1	2	3
Prestatyn U.D.	1	—	1
Rhyl U.D.	3	2	5
Rural—			
Hawarden R.D.	3	2	5
Holywell R.D.	1	1	2
Maelor R.D.	20	1	21
St. Asaph R.D.	—	1	1
Total Urban	8	8	16
Total Rural	24	5	29
Total whole County	32	13	45

DEATHS FROM RESPIRATORY TUBERCULOSIS.

Attention must once again be directed to the number of deaths from Respiratory Tuberculosis in the Maelor Rural District. It represents 46.66 % of the total deaths from this disease in the County, and so far as can be ascertained from notifications received in this Department, all the 21 deaths in the Maelor Rural District (20 males and 1 female) occurred in the Polish Hospitals located in the area, and were of patients who had been brought direct to those hospitals from abroad and who consequently had no domicile other than in the County of Flint. The result of this is that the County has a mortality rate for respiratory tuberculosis which is considerably higher than that of many other Welsh Counties.

DEATHS FROM MALIGNANT DISEASES.

Table 5 (a) shows the deaths from malignant diseases, and the corresponding mortality rates in the various County Districts.

Table 5 (b) is a comparative table showing the ages of deaths from Tuberculosis, Malignant Diseases, and Diseases of the Heart and Circulation.

Table 5 (a).

DEATHS FROM MALIGNANT DISEASES IN THE VARIOUS
COUNTY DISTRICTS.

District and Population.		Stomach.	Lung.	Breast.	Uterus.	Other.	Leukaemia.	Total.	Rate per 1000 Population.	
Buckley U.D.	M	1	2	—	—	4	—	7	11	1.43
7704	F	1	—	1	—	2	—	4		
Con. Quay U.D.	M	—	3	—	—	2	—	5	11	1.49
7351	F	—	—	2	1	3	—	6		
Flint M.B.	M	5	2	—	—	9	—	16	33	2.32
14250	F	3	—	3	2	9	—	17		
Holywell U.D.	M	1	1	—	—	5	—	7	24	2.94
8159	F	3	1	1	2	10	—	17		
Mold U.D.	M	2	—	—	—	5	—	7	20	3.05
6553	F	4	—	—	3	6	—	13		
Prsetatyn U.D.	M	4	5	—	—	5	—	14	36	4.21
8553	F	5	1	3	2	9	2	22		
Rhyl U.D.	M	3	8	—	—	15	—	26	53	2.82
18800	F	8	1	5	3	10	—	27		
Hawarden R.D.	M	13	4	—	—	23	1	41	69	1.97
35030	F	9	—	5	3	8	3	28		
Holywell R.D.	M	6	2	—	—	17	—	25	44	1.97
22380	F	5	—	4	1	7	2	19		
Maelor R.D.	M	4	1	—	—	3	1	9	15	2.41
6230	F	1	—	1	1	3	—	6		
St. Asaph R.D.	M	4	2	—	—	5	1	12	23	2.15
10690	F	—	—	1	4	5	1	11		
Total Urban	M	16	21	—	—	45	—	82	188	2.63
71370	F	24	3	15	13	49	2	106		
Total Rural	M	27	9	—	—	48	3	87	151	2.03
74330	F	15	—	11	9	23	6	64		
Total County	M	43	30	—	—	93	3	169	339	2.33
145700	F	39	3	26	22	72	8	170		

Table 5 (b).

AGES OF DEATHS

from Tuberculosis, Malignant Disease and Heart and Circulatory Diseases.

		AGE-GROUPS.											
Disease.	Sex.	0—	1—	5—	15—	25—	45—	65—	75—		Total.		
Tuberculosis :—													
Respiratory	M ...	—	—	—	—	16	14	2	—	...	32	45	
„	F ...	1	—	—	2	4	4	1	1	...	13		
Other	M ...	—	—	—	—	3	1	—	1	...	5	6	
„	F ...	—	—	—	1	—	—	—	—	...	1		
TOTAL		...	1	—	—	3	23	19	3	2		51	
Malignant Diseases :—													
Stomach	M ...	—	—	—	—	2	20	17	4	...	43	82	
„	F ...	—	—	—	—	2	7	13	17	...	39		
Lung Bronchus	M ...	—	—	—	—	—	15	10	5	...	30	33	
„	F ...	—	—	—	—	—	1	—	2	...	3		
Breast	M ...	—	—	—	—	—	—	—	—	...	—	26	
„	F ...	—	—	—	—	2	9	10	5	...	26		
Uterus	M ...	—	—	—	—	—	—	—	—	...	—	22	
„	F ...	—	—	—	—	4	9	5	4	...	22		
Other	M ...	—	—	—	3	4	26	28	32	...	93	165	
„	F ...	—	1	—	—	4	30	13	24	...	72		
Leukaemia	M ...	—	1	—	—	—	1	1	—	...	3	11	
„	F ...	—	1	1	—	2	1	2	1	...	8		
TOTAL		...	—	3	1	3	20	119	99	94		339	
Heart and Circulation :													
Vascular lesions	} M ...	—	—	—	—	—	28	50	49	...	127	295	
of nervous system		F ...	—	—	1	—	1	33	56	77	...		168
Coronary disease,	} M ...	—	—	—	—	4	59	45	37	...	145	206	
angina		F ...	—	—	—	—	—	16	20	25	...		61
Hypertension	} M ...	—	—	—	—	—	6	5	9	...	20	37	
with heart disease		F ...	—	—	—	—	—	3	5	9	...		17
Other heart	M ...	—	—	—	—	4	9	25	78	...	116	274	
„	F ...	—	—	—	—	2	17	32	107	...	158		
Other circulatory	} M ...	—	—	—	—	—	6	8	13	...	27	62	
		F ...	—	—	—	—	1	5	7	22	...		35
TOTAL		...	—	—	1	—	12	182	253	426	...	874	

DEATHS ATTRIBUTABLE TO INFECTIOUS DISEASE.

During the year 1952, deaths attributable to Infectious Disease were as follows :—

Diphtheria	...	...	...	...	—
Whooping Cough	...	...	...	...	1
Meningococcal Infections	...	...	...	...	2
Acute Poliomyelitis	...	...	...	...	1
Measles	...	...	...	...	—
Other Infective and Parasitic Diseases	...	...	...	...	3
Influenza	...	...	...	...	12
Pneumonia	...	...	...	...	67
Bronchitis	...	...	...	...	47
Gastritis, Enteritis and Diarrhoea	...	...	...	...	6

DEATHS OF INFANTS AGED UNDER TWELVE MONTHS—During the year 75 infants died before attaining the age of twelve months, and of these 35 were males and 40 females, while 71 were legitimate and 4 were illegitimate.

The Infant Mortality Rate (deaths per 1,000 live births) is therefore 32.57, which is higher than the rate for England and Wales, namely 27.6.

Infant deaths in the various County Districts are shown in Table 6 (a), and the Infant Mortality Rates for each district in Table 6 (b).

Included in the above total of 75 are 44 deaths of infants who failed to survive the first four weeks of life, and the figures for the various County Districts are shown in Table 6 (c).

Table 6 (a).

INFANTILE DEATHS—1952.

(Under 1 year of age).										
District.	MALES.			FEMALES.			Infants			
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	and	Illegit.	
<hr/>										
Urban—										
Buckley	...	5	—	5	...	1	1	2	...	7
Connah's Quay	...	1	—	1	...	1	—	1	...	2
Flint (M.B.)	...	6	—	6	...	4	—	4	...	10
Holywell	...	1	—	1	...	2	—	2	...	3
Mold	...	1	—	1	...	2	1	3	...	4
Prestatyn	...	1	—	1	...	2	—	2	...	3
Rhyl	...	4	—	4	...	7	—	7	...	11
 Rural—										
Hawarden	...	9	—	9	...	6	—	6	...	15
Holywell	...	2	—	2	...	7	1	8	...	10
Maelor	...	2	—	2	...	3	—	3	...	5
St. Asaph	...	2	1	3	...	2	—	2	...	5
<hr/>										
Total Urban	...	19	—	19	...	19	2	21	...	40
Total Rural	...	15	1	16	...	18	1	19	...	35
<hr/>										
Whole County	...	34	1	35	...	37	3	40	...	75

The causes of death were :—

Tuberculosis—Respiratory	...	...	...	1
Syphilitic Disease	...	...	...	1
Whooping Cough	...	...	...	1
Pneumonia	...	...	...	11
Bronchitis	...	...	...	2
Other diseases of respiratory system	...	...	...	1
Gastritis Enteritis and Diarrhoea	...	...	...	2
Nephritis and Nephrosis	...	...	...	1
Congenital Malformations	...	...	...	16
Other defined and ill-defined diseases	...	...	...	35
Accidents	...	...	...	4
Total	...	...	...	75

Table 6 (b).

INFANT MORTALITY, 1952.

Children aged under 12 months.

Rate per 1,000 Live Births.

District.	MALES.			FEMALES.			Infants	
	Legit.	Illeg.	Total.	Legit.	Illeg.	Total.	Legit.	and Illeg.
Urban—								
Buckley ...	47.62	—	47.62	9.52	9.52	19.04	...	66.66
Connah's Quay ...	7.81	—	7.81	7.81	—	7.81	...	15.62
Flint (M.B.) ...	22.14	—	22.14	14.76	—	14.76	...	36.90
Holywell ...	6.90	—	6.90	13.79	—	13.79	...	20.69
Mold ...	8.06	—	8.06	16.13	8.06	24.19	...	32.26
Prestatyn ...	10.64	—	10.64	21.28	—	21.28	...	31.91
Rhyl ...	14.13	—	14.13	24.73	—	24.73	...	38.87
Rural—								
Hawarden ...	15.79	—	15.79	10.53	—	10.53	...	26.32
Holywell ...	5.78	—	5.78	20.23	2.89	23.12	...	28.90
Maelor ...	18.52	—	18.52	27.78	—	27.78	...	46.30
St. Asaph ...	15.50	7.75	23.25	15.50	—	15.50	...	38.75
Total Urban ...	16.52	—	16.52	16.52	1.74	18.26	...	34.78
Total Rural ...	13.01	.87	13.88	15.61	.87	16.48	...	30.36
Whole County ...	14.76	.43	15.20	16.07	1.30	17.37	...	32.57

Table 6 (c).

NEO-NATAL DEATHS—1952.

(under 4 weeks of age).

District.	MALES.			FEMALES.			Infants Legit. and Illegit.	
	Legit.	Illegit.	Total.	Legit.	Illegit.	Total.	Legit.	Illegit.
Urban—								
Buckley	2	—	2	1	—	1	3	
Connah's Quay	—	—	—	—	—	—	—	
Flint M.B.	6	—	6	3	—	3	9	
Holywell	—	—	—	1	—	1	1	
Mold	—	—	—	1	—	1	1	
Prestatyn	1	—	1	—	—	—	1	
Rhyl	4	—	4	3	—	3	7	
Rural—								
Hawarden	6	—	6	4	—	4	10	
Holywell	2	—	2	2	1	3	5	
Maelor	2	—	2	1	—	1	3	
St. Asaph	2	1	3	1	—	1	4	
Total Urban	13	—	13	9	—	9	22	
Total Rural	12	1	13	8	1	9	22	
Whole County	25	1	26	17	1	18	44	

MATERNAL MORTALITY—Four deaths were attributed to pregnancy, childbirth or abortion. Whenever a maternal death occurs, the Medical Officer of Health has to obtain from the Midwife, General Medical Practitioner, Hospital and Consultant Obstetrician complete details as to ante-natal care, treatment during confinement, and post-natal care. This information is then forwarded to a Regional Assessor (Professor Jeffcoate of Liverpool), who may ask for further information, or, if satisfied with that already provided, forward the report to the Ministry of Health.

DEATHS IN THE VARIOUS COUNTY DISTRICTS—Table 7 shows the total number of deaths of males and females in the County Districts, and the crude and adjusted Mortality Rates for those Districts,

Table 7.

DEATHS IN THE SEVERAL DISTRICTS.

(All ages—all causes).

District.	Males.	Females.	Total.	Crude Rate per per 1000 Population.	* Rate Adjusted per 1000 Population.
Urban—					
Buckley	... 48	... 31	... 79	10.25	10.45
Connah's Quay	... 35	... 30	... 65	8.84	10.96
Flint (M.B.)	... 92	... 74	... 166	11.65	14.21
Holywell	... 48	... 52	... 100	12.26	12.26
Mold	... 41	... 49	... 90	13.73	14.14
Prestatyn	... 78	... 92	... 170	19.88	12.92
Rhyl	... 132	... 144	... 276	14.68	12.48
Rural—					
Hawarden	... 184	... 135	... 319	9.11	10.38
Holywell	... 152	... 136	... 288	12.87	11.20
Maelor	... 59	... 37	... 96	15.41	15.25
St. Asaph	... 53	... 56	... 109	10.20	9.89
Total Urban	... 474	472	946	13.25	12.59
Total Rural	... 448	364	812	10.92	11.03
Whole County	... 922	836	1758	12.07	11.83

* For purposes of comparison with other areas.

The following information is extracted from the statistics supplied by the Registrar-General :—

Urban Districts.

	Males.	Females.	Total.
Deaths in age group 45-64	... 135	... 95	230
Deaths in age group 65 and over	... 280	... 330	610
	415	425	840

Rural Districts.

	Males.	Females.	Total.
Deaths in age group 45-64	... 113	... 81	194
Deaths in age group 65 and over	... 266	... 238	504
	379	319	698

Section B.

GENERAL PROVISION OF HEALTH SERVICES
IN THE AREA.

This Section of the Report is a copy of that forwarded to the Welsh Board of Health in February, 1953, together with some supplementary statistics and observations.

Special Survey of Local Health Services provided under the
National Health Service Acts (Circular 29/52).

1. ADMINISTRATION.

The County Medical Officer is responsible to the Health Committee for the control, supervision and co-ordination of all services provided under the National Health Service Acts, and is assisted by four full-time medical officers, and by three medical officers who are medical officers of health for grouped County Districts in addition to being Assistant County Medical Officers.

The Health Committee consists of:—

The Chairman and Vice-Chairman of the County Council	(ex-officio) ...	2
Members of the County Council	... ..	40
One member appointed by each County District Council	... ..	11
Two members appointed by the British Medical Association	... ..	2
One member appointed by the College of Midwives	... ..	1
One member appointed by the Clwyd and Deeside Hospital	Management Committee ...	1
One member appointed by the Denbighshire and Flintshire	Executive Council ...	1
Five co-opted members (ladies keenly interested in health matters)	... ..	5
Total	... ..	63

Sub-Committees—There is no decentralised management as such of particular services, but matters arising under certain Sections of the National Health Service Acts are considered in the first place and reported upon by certain Sub-Committees appointed by the Health Committee:—

- (a) **Ambulance Sub-Committee** considers all matters dealing with the Ambulance and Sitting Case Car Service. It consists of:—

Chairman and Vice-Chairman of County Council and		
Chairman of Health Committee (ex-officio)	... ..	3
Seven members of the Health Committee	... ..	7

Three members representing County District Councils	...	3
Four members nominated (one each) by the Deeside Voluntary Ambulance Committee, the Women's Voluntary Service, the St. John's Ambulance Brigade and the British Red Cross Society	... ..	4
Total		17

- (b) **Area Care and After-Care Sub-Committees**—These Sub-Committees consider and report upon all matters under Section 28 (Prevention of illness, care and after-care), and Section 51 (Mental Health). They are three (3) in number, and members appointed by Health Committee :—

Western (comprising Rhyl U.D., Prestatyn U.D., and St. Asaph R.D.).

Central (comprising Flint M.B., Holywell U.D., Mold U.D., and Holywell R.D.).

Eastern (comprising Connah's Quay U.D., Buckley U.D., Hawarden R.D., and Maelor R.D.).

Each Area Sub-Committee consists of :—

Chairman and Vice-Chairman of County Council and Chairman of Health Committee (ex-officio)	... ..	3
Twelve members of the County Council or Health Committee		12
One member from each of the District Councils in the area		3 or 4
Three or four co-opted members (according to area)	... ..	3 or 4

- (c) **Area Nursing Sub-Committees**, corresponded to the Care and After-Care Committees in (b) above, and considered matters arising under Section 23 (Home Nursing), Section 24 (Health Visiting), Section 25 (Midwifery), and Section 29 (Home Helps). These Nursing Sub-Committees have now been amalgamated with the Area Care and After-Care Sub-Committees. The Area Care and After-Care Committees have, in addition to their functions under the National Health Service Acts, certain functions under the National Assistance Act. As it was considered to be a matter of extreme difficulty to draw a line of demarcation between the Authority's powers under Section 28 of the National Health Service Act and those under Section 29 of the National Assistance Act, the County Council, with the approval of the Minister of Health, delegated its duties and powers under the National Assistance Act to the Health Committee. All matters arising under Section 29 of the National Assistance Act (Welfare of Blind, Deaf, Dumb, etc.) are therefore considered and reported on by the Area Sub-Committees mentioned in (b) above. The Group Rehabilitation Officer of the Ministry of Labour, the Secretary of the Chester and District Blind Welfare Society, and the Secretary of the Chester Deaf and Dumb Society attend meetings of the Area Sub-Committees.

The statutory duties under Section 21 of the National Assistance Act are dealt with by a Health (Accommodation) Sub-Committee which consists of:—

Chairman and Vice-Chairman of County Council, and Chairman of Health Committee (ex-officio)	3
Ten members of the County Council (being members of the Health Committee, and not less than three being women)	10
Seven members to be appointed by the Health Committee (not necessarily members of the Health Committee or the County Council) being persons having experience and knowledge of the work of the Sub-Committee ...	7
Total ...	20

2. CO-ORDINATION AND CO-OPERATION WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

Ever since 1949, reference has been made in my Annual Reports to the need for the closest co-operation and co-ordination between the Hospital and Specialist Services, the Local Health Authority Services, and the General Medical Practitioner Services, if the aims of the National Health Service Acts are to be attained.

The Regional Hospital Board—The Liaison Committee set up by the Welsh Regional Hospital Board, at which the Medical Officers of Health of the Counties and County Boroughs in the Region meet the officers of the Regional Board and the Chief Medical Officer of the Welsh Board of Health, has proved to be of very considerable value. Medical Officers of Health give prior information to the Regional Board of matters they wish discussed, and at the meetings opinions are freely expressed, and although there is not always complete agreement between the officers of the Board and the medical officers of health, meetings have been conducted amicably. The officers of the Board have given the medical officers of health much valuable information which they could not have obtained had there been no such Liaison Committee.

Hospital Management Committee—The various hospitals and maternity homes in the County are under the control of two Hospital Management Committees—the Clwyd and Deeside Hospital Management Committee and the Wrexham, Powys and Mawddach Hospital Management Committee. It must be frankly admitted that full co-operation and co-ordination of services between these Management Committees and the Local Authority has not been achieved. A joint Co-ordinating Committee consisting of representatives of the Clwyd and Deeside Hospital Management Committee, the Executive Council and the Local Health Authority was set up in 1951, but after two meetings it appears to have passed into oblivion. The County

Medical Officer was also co-opted as a member of the Medical and Dental Staff Committee of the Clwyd and Deeside Hospital Management Committee, but that Committee has now become defunct. The County Medical Officer has now, however, received an invitation to attend meetings of that Hospital Management Committee in an advisory capacity, and it is sincerely hoped that a greater measure of co-ordination and co-operation may now be achieved. In contrast, co-ordination and co-operation between the Local Health Authority and the North Wales Mental Hospital Management Committee is excellent. This may be due in some small degree to the fact that the County Medical Officer is a member of that Management Committee, but is more largely due to the fact that the Mental Hospital has a Medical Superintendent as the Chief Executive Officer. One cannot help feeling that if each Hospital Management Committee had an administrative medical officer with overall control of all the hospitals in the group, more could be achieved. For instance, rarely does one receive a request for information as to the home conditions of patients either on admission or discharge, information which could be so readily obtained from the Authority's Health Visitors, and yet such requests are frequently received from hospitals in a neighbouring Region. With regard to the selection of cases for admission to maternity homes, requests for information as to the suitability of the expectant mother's home for domiciliary confinement are only received from one Maternity Home in the area. Relations with the Chest Physician and his staff are also excellent. The Authority's Tuberculosis Visitors attend the various Chest Clinics in the County and provide all information as to home conditions of patients, arrange for examination of contacts, and frequent meetings between Chest Physician, County Medical Officer and Tuberculosis Visitors are held at which cases are discussed. The Chest Physician is also making much use of the Home Nursing Services of the Authority, especially as he is expanding very considerably his domiciliary treatment scheme.

The Executive Council—The only contact with the Executive Council has been through membership of the Local Medical Committee and the Obstetric Sub-Committee. Relations between the Health Department of the Authority and the administrative staff of the Executive Council have been uniformly good.

General Medical Practitioners—The relationship between the officers of the Local Health Authority and the great majority of general medical practitioners is good, but some actually resent the attendance of patients on their "lists" at the Authority's Minor Ailment Clinics, Child Welfare Centres, and more particularly at Ante-natal Clinics. This in spite of the fact that whenever a child or an expectant or nursing mother is considered to need reference to a consultant, the general practitioner is informed, and asked whether he wishes to refer the patient himself, or whether he wishes the Authority to do so. Further reference to the question of the Ante-natal Clinics will be made later. While the general medical practitioners are fully appreciative of the Authority's midwifery, home nursing, and home

help services, they are not so appreciative of the health visiting services. No guide as to the Local Health Authority Services has been issued to general medical practitioners other than circular letters with regard to the Ambulance and Sitting-case Car Service—a service which is so open to abuse. Similarly no guide has been issued to the public, although negotiations have been in progress for the publication of one similar to that produced by the Essex County Council.

3. JOINT USE OF STAFF.

No doctors in general practice work for the Authority on a part-time or sessional basis, and none of the medical officers employed by the Authority works part-time in the Hospital and Specialist Services. As previously mentioned, the Authority's Tuberculosis Visitors attend and work at the Chest Clinics, but there is no apportionment of salary between the Local Health Authority and the Regional Hospital Board or Hospital Management Committee. The Psychiatric Social Workers employed by the North Wales Mental Hospital Management Committee undertake the after-care of adult cases of mental illness and in this case there is an apportionment of cost between the Hospital Management Committee and the Health Authority.

With regard to consultants, (a) an Ophthalmic Specialist, employed by the Regional Hospital Board, attends each of four ophthalmic clinics for children of pre-school and of school age once a month; (b) an Orthopaedic Specialist from the Robert Jones and Agnes Hunt Orthopaedic Hospital attends the Orthopaedic After-care Clinics; (c) the Child Psychiatrist employed by the Regional Hospital Board conducts the Child Guidance Clinic; (d) the Chest Physician, in addition to other preventive work, carries out B.C.G. vaccination on behalf of the Local Health Authority. He also carries out x-ray examinations of the chest for entrants to the teaching profession, applicants for employment in the school meals department, recruits to the Police Force, etc.

4. THE VOLUNTARY ORGANISATIONS.

There is excellent co-operation between the Health Department and voluntary organisations such as the St. Asaph Diocesan Moral Welfare Association, the British Red Cross Society, the St. John's Ambulance Brigade, and the Women's Voluntary Services. In addition, although these services come under the National Assistance Act, it must be mentioned that the Chester and District Blind Welfare Society undertake, on behalf of the Authority, all welfare and home-teaching services for the blind, and the Chester and North Wales Deaf and Dumb Society, similar services for the deaf and the dumb. The St. Asaph Diocesan Moral Welfare Association has been extremely helpful in finding accommodation for the unmarried mother in Mother and Baby Homes. The St. John's Ambulance Brigade and the British Red Cross Society co-operate whole-heartedly in the Am-

bulance Service by providing ambulance attendants at each ambulance station, while at Rhyl and Prestatyn the St. John's Ambulance Divisions also provide full-time drivers. Further, as County Medical Officer of the Flintshire Branch of the British Red Cross Society the County Medical Officer of Health is a member of the Joint Welfare Committee of the St. John's Ambulance Brigade and the British Red Cross Society, which enables much useful information to be mutually exchanged. Relations with the Women's Voluntary Services are excellent, and have enabled many patients entering hospital to be supplied with necessary clothing. While in 1948 the Women's Voluntary Services had a number of cars available as a Hospital Car Service, it is regretted that the number has dwindled very considerably, so that little use is now made of it.

5. CARE OF EXPECTANT AND NURSING MOTHERS AND CHILDREN UNDER SCHOOL AGE.

Expectant and Nursing Mothers—Ante-natal and Post-natal Services are available at ten Clinics in the County—at Bagillt, Buckley, Caergwrle, Flint, Holywell, Mold, Prestatyn, Rhyl, Shotton and Saltney. The Clinics at Prestatyn, Flint, Shotton, Saltney and Mold are buildings specially built and well adapted for clinic purposes. At Rhyl, a former school has been converted for clinic purposes, and at Holywell a former war-time nursery. These premises cannot be regarded as quite so ideal for the purpose. While at Bagillt, Buckley and Caergwrle accommodation has had, of necessity, to be found in Chapel schoolrooms which are far from ideal. These Clinics are conducted by the Authority's medical officers at fortnightly intervals. At all there are facilities for full examinations, for blood testing and for the education of the expectant mother in preparation for her confinement. In spite of these facilities, the number of expectant mothers attending these Clinics has decreased very considerably since 5th July, 1948, as will be seen from the following table:—

	Year :	1947	1949	1950	1951	1952
Expectant Mothers	...	999	797	641	473	325
Attendances	...	3743	2567	1822	1208	939

This decrease is due to the increased number of expectant mothers seeking institutional confinement, and to more general medical practitioners providing ante-natal care for expectant mothers on their "lists." It is a matter for surprise that more of the busy general medical practitioners do not refer cases to the Authority's Clinics for ante-natal supervision, as it has always been the practice to refer any abnormality found or suspected back to the general practitioner, or with his consent, to a specialist clinic.

It has been noticed, however, that in the last months of 1952, there has been a tendency for the number of expectant mothers attending the Authority's Clinics to increase. This is due to closer co-operation between the Consultant Obstetrician and the Local Health Authority.

Attendances for post-natal examination have always been a mere fraction of those at ante-natal clinics, and I understand that a similar state of affairs exists between the hospital ante-natal and post-natal clinics. All the midwives employed by the Authority, and those in private practice, are encouraged to attend the Clinics with their patients .

There are no "Specialist Clinics" administered by the Authority as such, but cases are referred, when necessary, to the Clinics at St. Asaph, Holywell, and at the Maternity Home at Mancot, which are attended by the Consultant Obstetrician for the Clwyd and Deeside Hospital Management Committee, to the Clinic at the Chester City Hospital and to the "Specialist" Clinic at Wrexham. No requests have been received for assistance at ante-natal clinics conducted in general practitioners' own premises, and the Authority has no knowledge of the existence of any such clinics.

Maternity outfits are provided on request to all expectant mothers having a domiciliary confinement. Stocks are held at all Clinics, and on the premises occupied by the district midwives. The number of such outfits provided in 1952 was 579.

Child Welfare—There are twenty Child Welfare Centres in the area of the Authority, and of these, ten are held in the premises already mentioned as ante-natal centres, but at different times. The other ten are held in village halls, church halls, chapel schoolrooms, etc., which, although serving a most useful purpose, cannot be regarded as satisfactory from many aspects. One such centre at Penley serves the whole of the Maelor Rural District (the detached portion of Flintshire), and as public transport services are not available, a special bus is chartered fortnightly to collect and convey mothers and children to and from the centre. This arrangement has worked most satisfactorily.

In contrast to the Ante-natal Clinics, the National Health Service Act has not resulted in a reduction in the number of children attending these Centres. There has been a reduction in the number of children aged under one year attending the Centres, but this reduction corresponds to the reduced number of live births. There has been an actual increase in the number of children aged 1-5 years attending the Centres, and also in the total attendances, as will be seen from the following table :—

	Year :	1947	1951	1952
*Number of notified Live Births	2705	2326	2112

Children who were in attendance at the end of the year and who, at the end of the year, were :—

(a) Under 1 year of age	... ..	1912	1481	1378
(b) Between 1-5 years	... ..	1788	2143	2262
Total attendances	... ..	26828	28491	28846

The number of * **notified** live births in each year is shown, as the Registrar-General's statistics for 1952 are not yet available.

The Centres are staffed weekly by the Authority's Health Visitors, and are attended at fortnightly intervals by the Authority's Medical Officers.

The Health Visitors give individual instruction both at the Centres and in the home, and several are now giving group talks to mothers. Arrangements are in hand for showing films and for demonstrations on matters of child care during the coming year. Considerable difficulty has been encountered in persuading mothers to undress their infants for weighing and medical examination, and their reluctance to do so is easily understood when one considers that some Centres have been inadequately heated during the cold weather experienced during the winter months. There is no doubt that insistence on undressing the infants has kept a certain number of mothers away from the Centres, but the difficulty is being gradually overcome.

The following table gives details as to the number of children attending the various Centres :—

Table 8.

CHILD WELFARE CENTRES—SUMMARY OF ATTENDANCES, ETC, 1952.

Description	Baginbun	Bodelwyddan	Broughton	Buckley	Caergwile	Connah's Quay	Gaerwys	Flint	Greenfield	Holywell	Lleeswood	Mancoct & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltney	Shotton	St. Asaph	TOTALS
(1) Number of Sessions held, i.e., number of times Centre opened during the year ..	50	24	50	49	49	50	23	48	50	50	48	50	49	21	23	30	50	49	51	47	861
(2) Number of individual children who attended the Centres during the year ..	103	53	111	159	186	240	37	170	157	176	81	221	432	77	156	286	408	221	422	152	3848
(3) Children who first attended the Centres during the year and who, on the date of THEIR FIRST ATTENDANCE were:																					
(a) Under 1 year of age	47	16	32	71	59	96	25	89	62	77	36	86	175	33	53	142	216	74	132	90	1611
(b) Over 1 year of age	2	10	18	21	15	40	5	4	10	6	..	24	25	2	27	18	98	45	28	7	340
(c) Total ..	49	26	50	92	74	136	30	93	72	83	36	110	200	35	80	160	249	119	160	97	1951

Description	Baginbilla	Bodelwyddan	Broughton	Buckley	Caergwile	Connah's Quay	Caerwys	Flint	Greenfield	Holywell	Leeswood	Mancoct & Pentre	Mold	Mostyn	Penley	Prestatyn	Rhyl	Saltnay	Shotton	St. Asaph	TOTALS
(4) Children who were in attendance at the end of the year, and who, at the end of the year were:																					
(a) Under 1 year of age	31	13	59	78	53	98	14	89	51	67	34	80	189	28	39	163	163	52	31	46	1378
(b) Between 1 year and 5 years of age	68	33	30	29	123	139	19	77	99	105	43	133	250	47	117	111	222	153	380	104	2262
(c) Total	99	46	89	107	176	237	33	166	150	172	77	213	429	75	156	274	385	205	411	150	3640
(5) Total number of attendances made during the year by children in the year by children in Section (2) who were:																					
(a) Under 1 year of age	614	153	706	971	1013	1424	175	554	1210	970	503	1413	2518	277	325	2105	2224	1140	2115	724	21134
(b) Over 1 year of age	145	177	517	104	593	388	68	589	349	347	180	693	848	89	278	666	321	634	539	187	7712
(c) Total attendances	759	330	1223	1075	1606	1812	243	1143	1559	1317	683	2106	3366	366	603	2771	2545	1774	2654	911	28846
(6) Number of Centre children who died during the year while:																					
(a) Aged under 1 year	1	1	1	2	..	..	..	..	1	..	..	1	..	..	..	..	3	..	..	..	10
(b) Aged 1—5 years	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	1	1	..	..	3
(c) Total	1	1	1	2	..	..	..	..	1	1	..	1	..	..	..	..	4	1	..	..	13

There are no "Specialist" Child Welfare Centres in the area, which are the direct responsibility of the Authority. Children are referred when necessary to the Paediatric Clinics at the Royal Alexandra Hospital, Rhyl, the City Hospital, Chester, and the Emergency Hospital at Wrexham. As the Clwyd and Deeside Hospital Management Committee administers the majority of the hospitals in the County of Flint, and some Hospitals in the adjoining County of Denbigh, it is unfortunate that, although a specialist paediatric clinic is held at the Royal Alexandra Hospital, no paediatric beds are available in those hospitals comprising the group, and consequently children seen at the specialist clinic, and considered to be needing hospitalisation, have had to be transported to Bangor, a distance of 30 miles or more. The Authority has no knowledge of any welfare centres held by general medical practitioners in their own premises, and no requests for assistance have been received.

Care of Premature Infants—During the year under review, the number of premature live births at home was 34, and the number of premature live births in private nursing homes was 9, a total of 43.

Of the 34 births at home, 29 were nursed entirely at home, and 5 were transferred to hospital. Of the 29 nursed at home, 5 died in the first 24 hours, while 24 survived 28 days. Of the 9 births in private nursing homes, all were nursed there and survived 28 days. There is no special domiciliary provision for premature live births, but liaison with the City Hospital, Chester, has always been good, and admission of cases readily obtained. It is understood that a "premature baby unit" is shortly to be opened at the St. Asaph Hospital.

Supply of Dried Milk, etc.—At each of the Welfare Centres, there is a Voluntary Committee of local ladies which arranges for the purchase and sale of certain proprietary dried milk and nutrients, which are prescribed by the medical officer in charge. In many Centres the same ladies also distribute the welfare foods available under the Government Welfare Foods Scheme, while in others these foods are distributed by ladies appointed by the Local Food Office, or by the Health Visitors themselves. The Voluntary Committees also provide cups of tea and biscuits for the mothers at a small charge, and assist in the work of the Centre generally. The time which the members of these Committees have given week after week, and the great assistance they have rendered in the work of the Centres, is deserving of the highest praise.

Dental Care—Unfortunately, the National Health Service Act has had a most detrimental effect upon the Dental Staff of the Authority, and a staff formerly four in number was soon reduced to one. Repeated advertisements have failed to attract a single applicant, and consequently it has been impossible to implement the statutory duty of the Authority with regard to the dental care of expectant and nursing mothers and children

under school age. In the circumstances it has only been possible to refer those expectant and nursing mothers who were considered at the Authority's Clinics to be in need of dental treatment to general dental practitioners, and for the Authority to meet the cost of any dental appliances found necessary. With regard to children under school age, those in urgent need of treatment have been treated by the one remaining dental surgeon at the Clinics at which he treats urgent cases occurring among children of school age. Arrangements are now being made to enlist the services of general dental practitioners on a sessional basis, but it is considered advisable that, in the first place, their services should be utilised for the much needed treatment of children of school age.

6. DOMICILIARY MIDWIFERY.

The Authority employs six (6) District Midwives and twenty-six (26) District Nurse/Midwives. Ten (10) midwives are engaged in private practice, including private maternity homes, and twenty-five (25) are employed by Hospital Management Committees in the area. All midwives are supervised by the County Nursing Officer, who acts as non-medical supervisor and who, during the year, paid 605 visits, of which twenty-one were to hospitals and maternity homes under the control of the Hospital Management Committee, forty-nine to independent midwives, sixty-four to private nursing homes, and four hundred and seventy-one to midwives employed by the Authority. At two hundred and fifteen of these visits the midwife was seen actually at work.

Since 5th July, 1948, there has been a considerable decrease in the number of domiciliary confinements attended by the Authority's midwives, and by midwives in private practice, and a corresponding increase in the number of institutional confinements. Further, before 1948, the domiciliary midwives attended approximately three (3) confinements as midwives, to one (1) confinement as a maternity nurse. Now midwifery and maternity nursing cases break about equal, and the reason for this is obvious. The following table illustrates the above statement:—

Year : ...	1945	1946	1947	1948	1949	1950	1951	1952
Total Births ...	2315	2632	3574	2720	2494	2553	2439	2177*
Births attended by Authority's Midwives as :								
Midwife ...	668	829	987	786	458	487	365	358
Maternity Nurse ...	242	266	318	361	422	345	355	303
Total ...	910	1095	1305	1147	880	832	720	661
Births attended by Midwives in Hospital and Maternity Homes in area as :								
Midwife ...	502	564	693	651	742	992		987
Maternity Nurse ...	156	113	146	212	567	272		316
Total ..	658	677	839	863	1309	1264		1303
Births attended by Midwives in private practice including private Maternity Homes as :								
Midwife ...	261	323	226	138	75	54		75
Maternity Nurse ...	275	419	299	201	168	108		24
Total ...	536	742	525	339	243	162		99

* The Births shown for 1952 are the "notified" births, as the Registrar-General's figures are not yet available.

In addition to the 661 cases attended during 1952, the Authority's midwives attended 455 cases, which had been discharged from Maternity Hospitals or Maternity Homes on or before the tenth day, and it is not difficult to understand that some resentment is felt in this respect. There would be no resentment if the purpose of discharge before the end of the lying-in period was to make beds available for expectant mothers who, for medical, social, or other reasons were definitely in need of institutional confinement. As previously stated, however, selection of cases for admission is only practised at one of the Maternity Homes in the area.

Thirty-one (31) of the Authority's midwives are qualified to administer gas and air analgesia and are equipped with the necessary apparatus. The one midwife who is not qualified will be proceeding on a course of instruction early in 1953. The total number of cases in which gas and air analgesia was administered during 1952 was 280, and the number of cases in

which "Pethedine" was administered was 422. Co-operation between general practitioners and domiciliary midwives is reasonably good, although some midwives do complain that when they are booked as maternity nurses they have difficulty in obtaining information about the patient's condition from the medical practitioner.

With regard to arrangements for selecting women on social grounds for institutional confinement, this work is carried out by the Health Visitor in conjunction with the District Midwife.

Arrangements are made for three midwives to attend each year the refresher courses under the auspices of the College of Midwives. There is an active branch of the College in the area of the Authority which meets monthly, and at these meetings lectures and demonstrations are given by obstetricians in and outside the area.

There are no arrangements for training pupil midwives at present.

Duty as Local Supervising Authority—It is the duty of the Local Health Authority to supervise the work of all midwives who have notified their intention to practise in the area, irrespective of whether they are employed as domiciliary midwives by the Authority or by Hospital Management Committees, or are engaged in private practice.

Table 9 shows the number of midwives who were in practice in the area on 31st December, 1952, while Table 10 shows the number of supervisory visits paid to those midwives during the year by the County Nursing Officer, who also acts as Non-medical Inspector of Midwives.

Table 9.

MIDWIVES IN PRACTICE ON 31st DECEMBER, 1952.

		Domiciliary.		Institutional.		Total.	
Midwives employed by the Authority	...	32	...	—	...	32	
Midwives employed by Voluntary Organisations	—	...	—	...	—
Midwives employed by Hospital Management Committees	—	...	25	...	25
Midwives in Private Practice (including Midwives employed in Nursing Homes)	7	...	3	...	10
		<hr/>		<hr/>			<hr/>
Total	...	39		28			67

Table 10.
SUPERVISION OF MIDWIVES.

Employment.	Number of Inspections.		
	Routine.	Special.	Total.
National Health Service Hospitals and			
Maternity Homes	10	11	21
Private Nursing Homes	53	11	64
County Domiciliary Midwives	159	312	471
Private Domiciliary Midwives	28	21	49
Totals	250	355	605*

* The Midwife was inspected while actually at work in 215 cases of these inspections.

Among the reasons for Special Inspections were:—

Maternal death investigations 3, Infant death investigations 2, Puerperal Pyrexia 8, Ophthalmia Neonatorum and Discharging Eyes 17, Supervision of Disinfection 13, Other emergencies 201,

Non-emergencies 111.

123 notifications of various kinds were received from midwives of which 31 were in respect of calling in medical aid.

As a consequence of having been in contact with infection, it was found necessary to suspend the Midwife from practice in three (3) cases.

7. NOTIFICATION OF BIRTHS.

During the year 2,177 births (2,112 live births and 65 still-births) were notified to the Authority. It will be noted, by reference to page 11, that this figure is 191 live births less than the totals of live and still-births received in the returns from the Registrar-General. This figure is considerably greater than that for the previous year, and the reason for non-notification needs further investigation. It must be remembered that "notification" of births is in addition to, and not in substitution for, the requirements of any Act relating to "registration" of births, and that Section 203 of the Public Health Act, 1936, imposes upon the father of the child in certain circumstances, **and** upon any person in attendance upon the mother at the time of, or within six hours after birth, the duty of notifying the Medical Officer of Health of the Welfare Authority **for the area in which the birth takes place**. Failure to notify may incur penalties.

8. HEALTH VISITING.

The Authority employs sixteen Health Visitors in the combined capacity of Health Visitor/School Nurse, two Tuberculosis Visitors, and one Superintendent Health Visitor who is also responsible for the organisation of the Domestic Help Service. Each Health Visitor/School Nurse attends the

Ante-natal Clinics, Child Welfare Centres and School Clinics in her area, and at the larger Child Welfare Centres two will be in attendance, so that one can give group talks, and individual advice to the mothers attending. She follows up children of pre-school age in their homes, conducts examinations for cleanliness in the school, follows up children found to be suffering from defects at routine school medical inspections, visits and reports on mental defectives (chiefly those under 16 years of age and adult females), visits on request persons in need of domestic help, and performs many other duties. It must be frankly confessed that their case-load is considerably greater than it should be, and that there is a great need to increase the number employed. The position has been brought to the notice of the Authority in the Annual Reports of the Medical Officer of Health and the School Medical Officer, but although suggestions that the number employed should be increased have been sympathetically received, economic conditions have unfortunately compelled the Authority to defer consideration of the matter. In spite of the heavy case-load, it is regretted that the Children's Act, 1948, took away Child Life Protection duties from Health Visitors, as it is considered that they are the most suitable persons to carry out this work.

The Tuberculosis Visitors visit and report upon the home conditions of all notified cases of Tuberculosis. They attend the Chest Clinics, arrange for the examination of contacts, for vaccination with B.C.G., and co-operate whole-heartedly with the Chest Physician and his staff. Each year arrangements are made for four Health Visitors and Tuberculosis Visitors to attend refresher courses arranged by the Royal College of Nursing, the Women's Public Health Officers' Association, and the Central Council for Health Education.

For some years the Authority has been prepared to offer facilities to any of its nursing staff to obtain the Health Visitor's Certificate by payment of a generous proportion of the salary, but so far there have been no applications.

The total number of visits paid in 1952 by Health Visitors to expectant mothers was 1,264, to children under 1 year of age 18,477, to children aged 1-5 years 22,895, others 4,543. When to these figures are added 54,716 examinations of school children, and 5,546 visits to homes of school children found to be suffering from defects, their unwieldy "case load" can be more fully appreciated.

The modern Health Visitor should be a social welfare worker in the full sense of the word. In addition to the work she is already doing, she should have time to do much educational work at Child Welfare Centres by giving short talks to small groups of mothers. She should be able to visit the aged and infirm and advise them on their many problems, her services should be available to general medical practitioners in many ways, and she should follow up all patients discharged from hospital.

Tuberculosis Visitors—The visiting of persons suffering from tuberculosis is a controversial question at the present time. Some medical officers of health maintain that this work should be carried out by “all purpose” health visitors, so as to reduce the multiplicity of officials who might visit the home. Others maintain that this work can only be carried out by a health visitor who has a sound knowledge of tuberculosis nursing, and of the need for the “specialised” approach necessary to such cases. I entirely agree with the latter view which is strongly supported by the Chest Physician for the area. The Tuberculosis Visitors employed by the Authority attend the Chest Clinics, visit all cases of tuberculosis as soon as notified, and report on home conditions. The Chest Physician and his Assistants have greatly appreciated the assistance and the valuable information given to them by these Tuberculosis Visitors, and their reports to the Health Department on housing conditions have been transmitted to the County District Councils. It is a great pleasure to report that as a result many tuberculous families have been re-housed and overcrowding, insanitary conditions, etc., have been ameliorated. What is of even greater importance is that their visits are fully appreciated by the patients themselves, as it is to these Tuberculosis Visitors that they turn for advice upon their many problems. During the year, in addition to attendance at the Chest Clinics, they paid 2,662 visits to patients in their homes, and of these 121 were first visits to newly notified cases.

9. HOME NURSING.

The Authority employs ten whole-time District Nurses and twenty-six District Nurse/Midwives who are under the supervision of the County Nursing Officer.

There is close co-operation between the general practitioner and the domiciliary nurses, and at times one wonders whether the general practitioners are not making excessive demands upon the nurses, particularly with regard to injections of penicillin, etc.

The following table illustrates how the work of the district nurses has increased since July, 1948 :—

			1949	1950	1951	1952
Patients nursed	...	...	3305	5459	7299	7914
Visits paid	...	...	68848	96443	108982	104361

The chief increase is in the number of “medical” cases and is due to the great difficulty in obtaining the admission of the elderly “long-stay” case to hospital. The number of cases of Tuberculosis nursed is also increasing owing to the expansion of the domiciliary treatment scheme by the Chest Physician. The 7,914 cases nursed in 1952 were made up as follows :—

Medical—4,874. Surgical—2,929. T.B.—111.

Arrangements are made for attendance each year of three nurses at refresher courses arranged by the Royal College of Nursing. There are no arrangements for district nurse training, and there is **no night service**.

Supervision of Home Nurses—During the year the County Nursing Superintendent, in addition to her inspections as Inspector of Midwives, made the following visits to Home Nurses :—

Routine Inspections	...	...	...	180
Special Visits	...	...	...	191
Emergency Visits	...	...	...	173
Non-emergency Visits	...	...	...	91
Other Interviews	...	...	...	53
Inspection of Nursing Agency	...	...	...	1
Total				689*

* During these visits Nurses were inspected while actually at work at 452 Medical Cases and 494 Surgical Cases.

10. VACCINATION AND IMMUNISATION.

Vaccination—Midwives, District Nurses, Health Visitors and Medical Officers are continually stressing to mothers the importance of vaccination against smallpox, but in spite of this the annual number of primary vaccinations is disappointing, and in marked contrast to the number of children immunised against diphtheria. Since vaccination ceased to be compulsory, the number of primary vaccinations of children under one year of age has fallen considerably. In 1947, the number was 841, but in 1952 the total number of primary vaccinations was 663, and of these only 350 were under one year of age.

No vaccination sessions are held at the Authority's Clinics, all children being referred to general medical practitioners. A more intensive effort is needed to reduce the population at risk.

Immunisation against Diphtheria—Monthly immunisation sessions are held at all the Authority's Clinics and Centres, and immunisation is also performed by general practitioners in their own surgeries. During the year, 1,880 children completed a full course of primary immunisation, and of these 706 were under one year of age, and 624 between the age of 1-2 years. In addition, 1,338 "boosting" injections were given, 881 of them in the 5-9 age group, and 304 in the 10-14 year group. "Boosting" injections are given not only in the Clinics but also in the more remote rural schools.

Of the value of immunisation against diphtheria there can be not the slightest doubt. In the first ten years of this century, the number of cases notified and the death rate were high. In 1911, there were 282 cases with 17 deaths. During the first World War the number of cases and deaths rose alarmingly, but later declined, and in the interval between the first and second World Wars the number of cases fluctuated between approximately 200 and 250. In 1941, however, there was a further sharp rise in the number of cases, and it was about this time that the campaign for immunisation gained impetus. A glance at the table below indicates the success of that campaign, and the extent to which children have been protected against this dread disease :—

Year.	Diphtheria		Deaths.
	Notification.		
1936	...	208	11
1937	...	221	13
1938	...	268	16
1939	...	200	12
1940	...	202	6
1941	...	342	15
1942	...	255	5
1943	...	208	8
1944	...	316	10
1945	...	108	5
1946	...	33	1
1947	...	15	1
1948	...	5	—
1949	...	8	1
1950	...	3	—
1951	...	1	—
1952	...	2	—

Immunisation against Whooping Cough—The Authority has not introduced any scheme for immunisation against whooping cough, parents requesting such immunisation being referred to general practitioners.

B.C.G. Vaccination against Tuberculosis—Up to the present time, B.C.G. Vaccination has only been available to certain groups of people—nurses, medical students, and the contacts of known cases of tuberculosis who are “tuberculin negative.” Vaccination is carried out by the Chest Physician, and during the year under review the number of Flintshire contacts vaccinated was 64. It is hoped that before long it may be possible to extend facilities for B.C.G. vaccination to all children who, on examination, are found to be “tuberculin negative.”

11. AMBULANCE SERVICE.

Ambulances—The main portion of the County is covered by ambulances stationed at Rhyl, Prestatyn, Holywell, Flint, Queensferry and Mold and, by arrangement, the ambulances operated by the Chester City Council and Denbighshire County Council are also available. The detached portion of the County (the Hundred of Maelor) is covered by ambulances operated by the Denbighshire County Council stationed at Wrexham, and those operated by the Salop County Council stationed at Whitchurch.

Sitting-case Cars—This service is operated in the main through a large number of private hire car proprietors scattered throughout the County, and in a very minor degree through the Hospital Car Service of the Women's Voluntary Service. As will be seen from the following statistics, the trend since the inception of this service is for the demands upon it to increase year by year,

	1949.		1950.		1951.		1952.	
	Ambul- ances.	Cars.	Ambul- ances.	Cars.	Ambul- ances.	Cars.	Ambul- ances.	Cars.
Journeys	2831	9724	3986	11962	4429	12504	5148	15244
Patients	3059	11273	4530	15920	5244	17400	6590	33641
Mileage	78681	268160	119948	336626	124726	329550	121171	359992

It will be noted that in 1952 the number of patients conveyed by sitting-case cars was almost double that for 1951. The explanation is that 1952 was the first full year in which the Ministry's definition of "patient," according to the Costing Return, was in operation. It will also be noted that, although there were 719 more "ambulance" journeys in 1952 than in 1951, the mileage was 3,555 less. This is due to the development of the "Consultant" facilities in the Rhyl hospitals, resulting in a reduced number of patients from the western portion of the County having to travel to hospitals in Chester and Liverpool for consultation and hospitalisation.

It cannot be denied that the Sitting-case Car Service is open to considerable abuse, and every effort is made to reduce the demands made upon it by means of circular letters to hospitals and general practitioners, and by individual investigation of cases by the County Medical Officer and his assistants. One of the biggest bones of contention between the Hospitals and Local Health Authority is the amount of waiting time during which both ambulances and sitting-case cars are immobilised at the hospitals. In some cases this is unavoidable, in others waiting time could be considerably reduced if times of appointment were more rigidly adhered to. Another difficulty is the "abortive" journey due to transport being requested some days ahead of the date of appointment at the hospital. A sitting-case car may be ordered and, on arrival, it is found that the patient can only travel by ambulance, or is too ill to travel at all, or may even be dead, or may have recovered to such an extent that he or she has already made his or her own way to the hospital, or the patient may have undergone a change of mind and refused to go to the particular hospital, or the particular consultant. Again, there is a difference of opinion between the general public (backed to some extent by the Ministry of Health) and the Local Health Authority, as to the interpretation of the words "where necessary" in Section 27 of the National Health Service Act. Some general medical practitioners have reported that patients who, in the Doctor's opinion, are quite capable of travelling by train or bus, have demanded a sitting-case car and, on being refused, have demanded the return of their medical cards so as to transfer to another practitioner. The difficulties of administering this service are legion, and the problem of reducing the demands and the cost is not one easy of solution. The imposition of a charge for sitting-case cars, but not for ambulances, would undoubtedly reduce the demand and consequently the cost, but it is feared that it would create a far greater administrative

problem. Consideration has also been given to the possibility of replacing the present Sitting-case Car Service by a fleet of larger sitting-case vehicles owned by the Authority and manned by whole-time personnel, but it was felt that while the demand might be reduced, the cost would still remain high, and that other difficulties would arise particularly over the conveyance of maternity cases from the rural areas to hospital at night.

No new types of equipment have been brought into service.

12. PREVENTION, CARE AND AFTER-CARE.

(a) **Tuberculosis**—Reference has already been made to the close co-operation that exists between the Chest Physician and his staff, and the officers of the Local Authority, to the attendance of the Authority's Tuberculosis Visitors at the Chest Clinics, to the arrangements made by them for the examination of contacts and for B.C.G. vaccination, and to the reports on home conditions made by them to the Medical Officer of Health and to the Chest Physician. The number of contacts who were vaccinated with B.C.G. was 64. During 1952, visits were paid to the area by the Mass Radiography Unit of the Regional Hospital Board. The unit undertook a survey of all school children aged 14 years and over, offered x-ray facilities to the adult population in certain areas of the County, and visited certain industrial undertakings. The following statistics illustrate the work done:—

	No. examined.	Definite T.B.	Observations.
School Children ...	2356	1	7
Adult population ...	5129	5	51
Employees of Industrial Firms ...	2958	2	14
	<hr/> 10443 <hr/>	<hr/> 8 <hr/>	<hr/> 72 <hr/>

When the Tuberculosis Visitors report that the home conditions of persons suffering from Tuberculosis are unsuitable, letters are sent to the Housing Authority recommending re-housing, and it is pleasing to report that the Housing Authorities have shown a very ready response, in spite of their long waiting lists of applicants. When cases of non-respiratory tuberculosis among children are reported, the County Sanitary Inspector investigates the milk supply of the household. The Area Care and After-Care Sub-Committees make grants of milk and other foods to cases of tuberculosis in need, and in between meetings the Medical Officer of Health has power to make grants in all urgent cases. The number of patients suffering from tuberculosis to whom such grants were made in 1952 was 110. Beds, mattresses and blankets are also supplied in necessitous cases from stocks of Emergency Hospital supplies purchased by the Authority at the termination of hostilities.

Another factor in the prevention of Tuberculosis, especially among school children, is the medical examination including the x-ray examination of the chest of all the newly appointed teachers and of workers in school canteens. During the year the numbers examined by the medical staff of the Authority were :—

Teachers, 50.

Canteen Workers, 17.

(b) **Illness generally**—Grants of milk, etc., similar to those for tuberculosis are also made by the Area Sub-Committees to persons suffering from other forms of illness, and to mental defectives living in their own homes. Twelve such persons were assisted in 1952.

Nursing requisites, such as bed-pans, urine bottles, air cushions, etc., are loaned to patients either from stocks held by the district nurses, or through the depots of the St. John's Ambulance Brigade and the British Red Cross Society. These voluntary organisations have also rendered valuable assistance by loaning wheeled chairs to invalids on payment of a small fee. The Authority has also supplied "Dunlopillo" mattresses to certain patients in need.

Financial responsibility for periods of convalescence in Convalescent Homes has also been accepted by the Authority, the Medical Officer having the power to arrange such convalescence at his discretion, and in no case has the Authority refused to confirm or even to question his action. The Authority accepted financial responsibility for fourteen such patients in 1952. Recommendations for convalescence are received from the hospitals, and charges are recovered according to the financial circumstances of the patient. Prior to 1948, a large number of children were sent annually to the Royal Alexandra Hospital and Convalescent Home for Women and Children at Rhyl, but since the convalescent beds at that hospital have been taken over for other purposes, there are now no convalescent beds for children in North Wales.

13. DOMESTIC HELP.

The Authority now employs 2 whole-time and 91 part-time domestic helps, and the service has been most efficiently organised by Miss Gray, the Superintendent Health Visitor. During 1952 the total number of persons supplied with domestic help was 310, comprising 51 maternity cases, 14 cases of tuberculosis, and 245 others. The 245 others are in the main aged persons who, with the assistance of domestic help, have been able to remain in their own homes instead of being removed to hospital or to residential accommodation provided under the National Assistance Act. Charges are made according to financial circumstances, and the service is so greatly appreciated that even persons with little income beyond their old age pensions actually offer to make a small contribution towards the cost of the service as it enables them to retain their individuality and to feel that they are not entirely dependent upon charity. There is a demand for a "night service" or "sitters in," but unfortunately this demand cannot be met at the present time. Up to the present, none of the domestic helps has been sent on a course of training.

14. HEALTH EDUCATION.

Posters and Leaflets obtained from the Central Council for Health Education are exhibited and distributed in the various Clinics in the area, and copies of some of the leaflets are attached.

Short talks are given at Centres by medical officers and health visitors, and the County Sanitary Inspector has been particularly active in this respect, lecturing and showing films to Women's Institutes, Young Farmers' Clubs, etc., and to various traders' organisations and canteen staff in connection with the Clean Food Campaign.

15. MENTAL HEALTH.

I. Administration.

- (a) No "Mental Health Committee" as such has been established by the Authority, all matters being considered by the Area Care and After-care Committees.
- (b) The Medical Officer of Health, his Deputy, and four Assistant Medical Officers are approved by the Local Health Authority for signing certificates under the Mental Deficiency Acts. The Medical Officer of Health and three Assistant Medical Officers are approved by the Minister of Education for the ascertainment of educationally sub-normal children, a fourth attended the course arranged by the National Association for Mental Health in 1952, and it is hoped to send another Medical Officer on a similar course in 1953.

No Psychiatric Social Workers are directly employed by the Authority (see (c) below).

The Authority's Health Visitors supervise mental defectives on licence from Institutions and adult female mental defectives and mentally defective children under 16 years of age living in the community. Three duly authorised officers deal with cases under the Lunacy and Mental Treatment Acts, and supervise male adult mental defectives living in the community or on licence from Institutions. A fourth duly authorised officer is proceeding on a course of instruction in March of this year. No occupation Centre Supervisors are employed.

- (c) Psychiatric Social Workers employed by the North Wales Mental Hospital Management Committee undertake the supervision of patients on trial from Mental Hospitals, and also the supervision of patients discharged from hospital, and there is an apportionment of the cost between the Hospital Management Committee and the Local Health Authority.
- (d) No duties are delegated to Voluntary Associations.

II. Account of work undertaken in the Community.

- (a) Reference has already been made to the work done by Health Visitors and duly authorised officers with regard to Care and After-care, and whose reports are submitted to the Area Care and After-care Committees. Adults who are mentally distressed are referred to the Adult Psychiatric Clinics at Rhyl and Wrexham conducted by the Consultant Psychiatrist attached to the North Wales Hospital for Mental and Nervous Disorders, while children are referred to the Child Psychiatrist who also conducts Child Guidance Clinics at Rhyl and at Wrexham.
- (b) During 1952 the duly authorised officers dealt with 72 patients who were certified under the Lunacy Acts and admitted to hospital, and with 6 patients admitted as temporary patients under the Mental Treatment Act. In addition 198 persons were admitted to mental hospitals as Voluntary patients.

The grossly overcrowded state of the North Wales Hospital at Denbigh has necessitated many domiciliary visits from the hospital staff so that an assessment of the urgency of admission may be arrived at. There has been some delay in the admission of cases, but the hospital staff makes every effort to cope with the situation.

- (c) (i) Reference has already been made to the supervision of mental defectives in the community. Persons suspected of being mentally deficient are referred to the Authority by Welfare Officers, Health Visitors, School Teachers, Police, etc. They are then visited and reported upon by the Authority's Medical Officers.

During the year three males and five females under 16 years of age, and two females over 16 years of age were so reported. Of those under 16 years of age, three males and four females were placed under statutory supervision, and one female was admitted to an Institution. Of those over 16 years of age, one was placed under statutory supervision and one admitted to an Institution.

The number of mental defectives on the Authority's registers at 1/1/53 considered to be in need of institutional care, was four males and five females under 16 years of age, and three males and three females over 16 years of age.

The difficulties with regard to obtaining vacancies for mental defectives in Institutions are too well-known to need further comment.

(ii) **Guardianship**—There are only three defectives under guardianship, one male under 16, and two males over 16.

(iii) No occupation centres have been provided up to the present time. The defectives who would benefit from such provision are few in number and so scattered throughout the County that it would be difficult to site occupation centres so as to be within reasonable reach of the homes. Further, the "labour" situation is such that a defective who is capable of performing any work is able to find employment very easily.

The statistics given above are shown in tabular form in Table 12.

Table 12.

A.—LUNACY AND MENTAL TREATMENT ACTS.

Certified Patients—72.

Temporary Patients—6.

In addition, 198 persons were admitted to the Mental Hospital as “voluntary patients.”

B.—MENTAL DEFICIENCY ACTS, 1913-1938.

	During 1952.				Total cases on Authority's Registers as at 1/1/1953.		
	Under age 16.		Aged 16 and over.		Under age 16.	Aged 16 and over.	
	M.	F.	M.	F.			
1. Particulars of cases reported during 1952.							
(a) Cases at 31st December ascertained to be defectives “subject to be dealt with.” Action taken on reports by:—							
(i) Local Education Authorities on children:—							
(1) While at school or liable to attend school	...	2	4	...	...	...
(2) On leaving special schools	...	1	1	...	...	...
(3) On leaving ordinary schools	
(ii) Police or by Courts	
(iii) Other sources 1: (Sec. 9), 1 (Children's Officer)	2	
(b) Cases reported but not regarded at 31st December as defectives “subject to be dealt with” on any ground	
(c) Cases reported but not confirmed as defectives by 31st December and thus excluded from (a) or (b)	
Total number of cases reported during the year	...	3	5	...	...	2	

Continued.

Total cases on
Authority's Registers
as at 1/1/1953.

During 1952.

	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
...	3	4	...	1	19	12	...	61
...	—	—	...	—	1	—	...	2
...	—	—	...	—	—	—	...	—
...	—	1	...	—	8	6	...	32
...	—	—	...	—	—	—	...	58
...	3	5	—	2	28	18	96	93

2. Disposal of cases.

(a) Of the cases ascertained to be defectives "subject to be dealt with" number :—

- (i) Placed under Statutory Supervision
- (ii) Placed under Guardianship*
- (iii) Taken to "Places of Safety"
- (iv) Admitted to Institutions

(b) Of the cases not ascertained to be defectives "subject to be dealt with" number

- (i) Placed under Voluntary Supervision
- (ii) Action unnecessary

Total of Item 2

3. Classification of defectives in the Community on 1/1/53.

(a) Cases included in item 2 (a) (i) to (iii) above in need of institutional care :—

(1) In urgent need of institutional care :—

- (i) "cot and chair" cases
- (ii) ambulant low grade cases
- (iii) medium grade cases
- (iv) high grade cases

Continued.

Table 12 (B) continued.

	During 1952.				Total cases on Authority's Registers as at 1/1/1953.			
	Under age 16.		Aged 16 and over.		Under age 16.		Aged 16 and over.	
	M.	F.	M.	F.	M.	F.	M.	F.
3. Classification of defectives in the Community on 1/1/53 (continued).								
(2) Not in urgent need of institutional care :—								
(i) "cot and chair" cases	...	—	...	—	...	1	...	—
(ii) ambulant low grade cases	...	—	...	—	...	2	...	2
(iii) medium grade cases	...	—	...	—	...	—	...	1
(iv) high grade cases	...	—	...	—	...	—	...	—
Total of Item 3 (a)	...	—	...	—	...	4	5	3

* Number of Defectives under Guardianship on 1/1/53 who were dealt with under the provisions of Sections 8 or 9 :— M.—; F. —.

Continued.

Table 12 (B) continued.

	Under age 16.		Aged 16 and over.	
	M	F.	M.	F.
(b) Of these cases included in items 2 (a) (i) and (ii) and 2 (b) (i) overleaf, number considered suitable for :—				
(i) occupation centre	6	4	10	7
(ii) industrial centre	—	—	6	—
(iii) home training	1	—	1	—
Total of item 3 (b)	7	4	17	7
(c) Of the cases included in item 3 (b), number receiving training on 1/1/53 :—				
(i) in occupation centre	—	—	—	—
(ii) in industrial centre	—	—	—	—
(iii) at home	—	—	—	—
Total of item 3 (c)	—	—	—	—
4. Number of Mental Defectives who were in Institutions, under Community Care (including Voluntary Supervision) or in "Places of Safety" on 1st January, 1952, who have ceased to be under any of these forms of care during 1952 :—				
	M.	F.	T.	
(a) Ceased to be under care	...	3	3	
(b) Died, removed from area, or lost sight of	8	3	11	
Total	8	6	14	

5. Of the total number of mental defectives under Supervision or Guardianship or no longer under care :—

- (a) Number who have given birth to children while unmarried during 1952 ... Nil.
 (b) Number who have married during 1952—Males, Nil ; Females, 1.

Section C.

1. INFECTIOUS AND OTHER COMMUNICABLE DISEASES.

Prior to the appointed day under the National Health Service Act, 1946, the control of the spread of infectious disease was a duty devolving chiefly upon the County District Councils, whose Medical Officers of Health forwarded weekly to the County Medical Officer a numerical report of the cases notified in each district. The National Health Service Act also conferred powers upon the County Council in this respect and it became the duty of the Medical Officer of Health of the County District Council to forward to the County Medical Officer, within 12 hours, a copy of each notification of notifiable disease received by him. The period of 12 hours was amended by the National Health Service (Amendment) Act, 1949, to read "if possible within 12 hours, but in any case within 48 hours."

Where copies of notifications are forwarded and fees for the notification have been paid by the County District Councils, such Councils can claim reimbursement of the fees from the County Council as the Local Health Authority. By this means, greater co-ordination was achieved in the preventive work and there is greater scope for the study of the epidemiology of diseases.

There was no large-scale outbreak of infectious disease in the County, and the number of notifications received from the Medical Officers of Health of County District Councils during the year were as follows:—

Cerebro-Spinal Fever	...	...	...	—
Diphtheria	...	...	...	2
Dysentery	...	...	...	1
Enteric Fever (Typhoid)	...	...	...	—
Erysipelas	...	...	...	7
Food Poisoning	...	...	...	1
Measles	...	...	...	835
Meningococcal Infections	...	...	...	5
Ophthalmia Neonatorum	...	...	...	5
Paratyphoid	...	...	...	—
Polio-encephalitis—Infective	...	...	...	—
„ Post-infectious	...	...	...	—
Poliomyelitis—Paralytic	...	...	...	5
„ Non-paralytic	...	...	...	1
Pneumonia	...	...	...	152
Puerperal Pyrexia	...	...	...	8
Scarlet Fever	...	...	...	166
Whooping Cough	...	...	...	348
Total				1536

It will be noted that notifications of measles form 54.36 %, and that the group comprised of Measles, Whooping Cough, Scarlet Fever and Pneumonia forms 97.72 % of the total notifications.

Whooping Cough—During the year 348 cases of Whooping Cough were notified, and of these, one died—child aged under one year.

While few deaths can be attributed to the disease, it unfortunately is apt to have distressing sequelae, which lead to chronic ill-health in later life.

The efficacy of immunisation against Whooping Cough has been in doubt for some time, and such immunisation has not, up to the present, received the whole-hearted support of the Ministry of Health. Consequently, while material for Diphtheria immunisation is supplied free of charge by the Ministry, material for Whooping Cough immunisation has to be supplied by the Authority, and expenditure would be subject to grant. Recent research in the matter has, however, shown that immunisation does provide a considerable degree of protection against the disease and consideration should be given to the possibility of providing in the Authority's Clinics facilities for the **combined** immunisation against Diphtheria and Whooping Cough.

Measles—No death occurred among the 835 cases notified.

Diphtheria—The two cases notified recovered.

Tuberculosis—Reference has been made earlier in this Report to the number of deaths in the County, particularly in the Overton Rural District. Statistics showing the number of notifications are as follows:—

(a) Ascertained by formal primary notifications:—

Respiratory—Males 60, Females 59	...	...	Total 119
Non-Respiratory—Males 8, Females 12	...	...	Total 20

(b) Ascertained otherwise than by formal notifications:—

Respiratory—Males 4, Females 5	...	...	Total 9
Non-Respiratory—Males 3, Females 1	...	...	Total 4

Total Notifications (a) and (b)	...	152
---------------------------------	-----	-----

The following Table shows the total deaths from Tuberculosis, distinguishing between males and females, and respiratory and non-respiratory tuberculosis:—

Table 13.

DEATHS FROM TUBERCULOSIS, 1952.

			Males.		Females.		Total.
Respiratory Tuberculosis	...	...	32	...	13	...	45
Non-Respiratory Tuberculosis	...	...	5	...	1	...	6
All Forms	...		37		14		51

The crude mortality rate from tuberculosis (all forms) in the County of Flint had declined very considerably from the beginning of the present century up to 1946, followed by an upward trend in the years 1947, 1948, and 1949, and this is shown in the following table. In 1950, however, there was a very considerable fall in the mortality rate to 0.40 per 1000 population, the rate for 1951 was 0.45 per 1000 population, and the rate for 1952 is 0.35.

Year.			Population.		Mortality Rate per 1000 Population.
Census Years :—					
1911	...	...	92705	...	1.45
1921	...	...	106617	...	0.97
1931	...	...	112889	...	0.84
5 Year Period :—					
1935	...	...	116000	...	0.68
1936	...	...	117770	...	0.55
1937	...	...	119540	...	0.58
1938	...	...	121020	...	0.65
1939	...	...	121900	...	0.46
5 Year Period :—					
1945	...	...	125670	...	0.56
1946	...	...	131870	...	0.45
1947	...	...	134480	...	0.62
1948	...	...	138308	...	0.61
1949	...	...	140300	...	0.73
1950	...	...	145080	...	0.40
1951	...	...	145700	...	0.45
1952	...	...	145700	...	0.35

The figures for the 5 year period (1940-1944) are not included as they are not considered comparable in view of the large influx of evacuees into the County during that period.

The question that naturally arises, and one that is difficult to answer, is as to whether the incidence of Tuberculosis is also declining. There is only a very small difference between the number of notifications received (expressed as rates per 1000 population) in the pre-war years 1935-1939, and the post-war years 1945-1952.

Pre-War Years.			Post-War Years.		
1935	...	1.03	1945	...	1.38
1936	...	1.13	1946	...	1.57
1937	...	1.40	1947	...	1.21
1938	...	1.15	1948	...	1.36
1939	...	1.28	1949	...	1.13
			1950	...	1.14
			1951	...	.93
			1952	...	1.04

On account of the acute shortage of nursing staff in Tuberculosis hospitals, many of the beds provided could not be utilised, and consequently the waiting list for admission became considerably greater. Fortunately, the position has improved. The waiting list has been considerably reduced, and much of the credit for this is due to the amount of "**domiciliary treatment**" which the Chest Physician has been able to carry out, with the aid of modern drugs, where the home conditions are suitable. The results have been in many cases remarkable, and it would appear that many patients are, after a comparatively short period of treatment, considered to be fit to resume some sort of employment. Unfortunately, this form of employment must, in most cases, be of the "light" type, a type which is **most difficult to find** (the Ministry of Labour Officials will fully endorse this). There is therefore a gap between discharge from hospital or completion of domiciliary treatment and return to full employment. The North Wales County Councils have, for some years now, been endeavouring to bridge this gap by establishing a Village Settlement on the lines of Papworth or the British Legion Village at Preston Hall, Maidstone, Kent. Little progress has, for various reasons, been made up to the present, but the possibilities are still being actively explored.

Venereal Disease—The number of cases treated at the Centres at Chester, Liverpool, St. Asaph, Shrewsbury and Wrexham during the year was:—

Syphilis	...	...	20
Gonorrhoea	...	...	28
Other conditions	...	...	63

Section D. NATIONAL ASSISTANCE ACT, 1948.

Section 21 of the Act imposed upon the County Council the statutory duty to provide residential accommodation for persons who, by reason of age, infirmity or any other condition, were in need of care and attention which was not otherwise available to them.

In pursuance of this duty, the Authority retained beds at the former Poor Law Institutions at St. Asaph and Holywell, and by the end of 1952 had provided additional accommodation at Park House, Prestatyn, The Lawn, Russell Road, Rhyl, Carr Holm, Prestatyn, and Hafan Glyd, Shotton.

Park House, Prestatyn, and The Lawn, Rhyl, had been opened prior to 1952. Carr Holm, Prestatyn, was opened on 31st July, 1952, and Hafan Glyd, Shotton, on the 13th December, 1952. Hafan Glyd is the only home which provides accommodation for both sexes, and which was specially built for the purpose.

In addition to the above premises owned by the Authority, 12 beds are reserved at the Men's Convalescent Home, Bedford Street, Rhyl, and a variable number at Plas Coed, Rhyl. Both of these Homes are administered by Voluntary Committees.

The Authority has also accepted financial responsibility for the maintenance of 23 persons in Homes outside the County.

The total accommodation provided is as follows:—

St. Asaph	...	...	53	(M. 31 ; F. 22)
Holywell	...	...	44	(M. 22 ; F. 22)
Park House, Prestatyn	...	...	20	(F.)
The Lawn, Rhyl	...	...	30	(M.)
Carr Holm, Prestatyn	...	...	24	(F.)
Hafan Glyd, Shotton	...	...	36	(M. and F.)
Men's Convalescent Home, Rhyl	...	...	12	(M.)

219 + a variable number at Plas

— Plas Coed and at Homes
outside the County.

Improvements in the amenities provided at Holywell will necessitate a reduction in the number of beds to 36 (18 M., 18 F.), and it is probable that a similar course will need to be adopted at St. Asaph.

Section 29 of the Act gave the County Council permissive powers to establish "Welfare Services" for the blind, the deaf, the dumb, and those substantially and permanently handicapped by illness, injury, or congenital deformity or such other disabilities as may be prescribed by the Minister.

In view of the impossibility of drawing any line of demarcation between the Authority's powers under this Section of the National Assistance Act and its powers with regard to "care and after-care" under the National Health Service Act, it was decided, with the approval of the Minister of Health, to delegate the Council's powers under the National Assistance Act to the Health Committee established under the National Health Service Act.

The Minister of Health, however, **directed** that the Welfare of the Blind should be a statutory duty of the Authority.

Welfare of the Blind is undertaken on behalf of the Authority by the Chester and District Blind Welfare Society. The total number of blind persons on the register on 31st December, 1952, was:—

Blind 293. Partially sighted 44.

3 children were in Residential Schools for the Blind.

10 blind persons from Flintshire were employed in the Society's

Workshops at Chester, and 3 were employed as Home Workers.

2 blind persons are employed in open industry, and

7 are self-employed.

Welfare of the Deaf and of the Dumb is undertaken on behalf of the Authority by the Chester and North Wales Deaf and Dumb Society.

Section E.

FOOD AND DRUGS ACT, 1938, ETC.

The statutory duties of the Authority under the above Act, and other legislation such as the Fertiliser and Feeding Stuffs Acts, the Pharmacy and Poisons Act, etc., have been most ably performed by Mr. Elwyn Lewis, M.R.S.I., M.S.I.A., the County Sanitary Inspector, and I have pleasure in appending his Report. Perusal of the Report gives some indication of Mr. Lewis's keen interest in public health propaganda to which he devotes much of his spare time. His services are always available for lecture purposes to the canteen and kitchen staffs of industrial firms, hospitals, and voluntary organisations.

"REPORT OF THE COUNTY SANITARY INSPECTOR.

FOOD AND DRUGS ACT, 1938, ETC.

563 samples of food were submitted to the Public Analyst for chemical analysis during the year ended 1952. The following is a brief summary of the samples taken:—

Article.		Number Taken.	Genuine.	Not Genuine.
Milk	... ..	343	210	133
Dairy Produce	... ..	5	4	1
Ice Cream and Ice Lollies	... ..	24	22	2
Confectionery and Cakes	... ..	26	26	—
Alcoholic Drinks	... ..	4	4	—
Patent Medicines	... ..	17	17	—
Cooked Meats and Sausages	... ..	63	54	9
Fish and Meat Pastes	... ..	1	1	—
Cooking Fats and Oils	... ..	5	5	—
Spices and Condiments	... ..	13	13	—
Miscellaneous Groceries	... ..	62	60	2
		<hr/> 563	<hr/> 416	<hr/> 147

The high percentage of foods reported as not being genuine or below standard was due to the large numbers of milk samples which were found to be of poor quality. It will be seen by reference to the table below that a large number of not genuine milk samples were in fact "genuine" in so much that the milk was sold as it came from the cows, but it was of poor quality and did not comply with the standards set in the Sale of Milk Regulations.

Milk—343 samples were taken for chemical analysis from roundsmen, dairies, farms, schools and restaurants. The milk was tested for colouring matter, added water, fat deficiency, solids not fat, dirt and preservatives. 133 samples were found to be adulterated or below standard. In the following table the samples are compared with those taken during the past four years :—

Year.	Nature of irregularity.									
	No. taken.		Adulterated or below standard.			Low in fat content.		Low in S.N.F. content.		Added water.
1948	...	347	...	69	...	33	...	26	...	10
1949	...	297	...	62	...	33	...	23	...	6
1950	...	268	...	55	...	23	...	22	...	10
1951	...	351	...	128	...	33	...	54	...	41
1952	...	343	...	133	...	32	...	79	...	22

22 samples were found to contain added water and successful legal proceedings were instituted in 10 cases. The amounts of added water present in the other 12 samples were small and a warning letter was sent in each case. No legal action was taken with any of the samples found to be low in fats or solids.

Pasteurised Milk—There are 4 pasteurising plants in the County. These are inspected weekly, attention being paid to the structural conditions of the buildings, efficiency of the pasteurising operations, and the cleanliness of the operators. Weekly samples of pasteurised milk are taken and submitted to the Public Health Laboratory for bacteriological examination. Washed milk bottles are also taken from the bottle washers and submitted for bacteriological examination. In the few instances where samples have failed to pass the tests, the attention of the operators is immediately drawn to the fact.

School Milk—All milk supplied under the children's School Milk Scheme is pasteurised. Samples are taken each week for bacteriological and chemical examination. All samples taken were satisfactory.

Biological Milk Sampling—26 milk samples were taken from milk producers and tested for the presence of the tubercle bacillus, and all were found free,

The following information has been given by J. W. Simpson, Esq., B.Sc., M.R.C.V.S., the Divisional Veterinary Officer for the Ministry of Agriculture and Fisheries.

The number of Tuberculin Tested Herds, etc., for the year 1952 :—

	Attested.	Non-Attested.	Total.
T.T. or Certified Herds ...	304	16	320
Accredited Herds ...	22	497	519
Non-Designated Herds ...	81	825	906
Total ...	407	1338	1745

Total Cattle population for the County ... 61370

Number of Cows dealt with by the

Tuberculosis Order ... 62

Other Foods—220 samples were taken and 14 were found to be adulterated or below standard. Legal proceedings were taken in respect of 6. The deficiencies in the other 8 samples were all of a minor character and warning letters were sent to the vendors or manufacturers.

SUMMARY OF LEGAL PROCEEDINGS.

Article.	Deficiency or Adulteration.	Result.	Total Fines and Costs.
			£ s. d.
Milk ...	5 % added water ...	Convicted ...	15 0 0
" ...	4 % " ...	" ...	15 0 0
" ...	6 % " ...	" ...	15 0 0
" ...	7 % " ...	" ...	34 6 0
Pork Sausages ...	24 % deficient in meat ...	" ...	8 3 0
Beef Sausages ...	17 % " ...	" ...	8 3 0
Pork Sausages ...	7 % " ...	" ...	7 18 0
Pork Sausages ...	7½ % " ...	" ...	7 18 0
Pork Sausages ...	7½ % " ...	" ...	5 17 0
Milk ...	13 % added water ...	" ...	26 6 0
" ...	5 % " ...	" ...	5 4 0
" ...	14 % " ...	" ...	5 4 0
" ...	20 % " ...	" ...	54 4 0
" ...	10 % " ...	" ...	14 4 0
" ...	7 % " ...	" ...	6 6 0
Sweatened Cream ...	Contained no Cream ...	" ...	5 18 0
Total ...			£234 11 0

Public Health Propaganda—Lectures and film shows were given to the Parent-Teachers Association, Health Visitors, Home Helps, Y.F.C., School Kitchen Staffs, Toc H, Parish Councils, Guilds etc. An idea of the variety of the health problems discussed can be obtained from the following list of films which were shown :—

Title.

Unwanted Guests—deals with the head louse, its life history and habits, how it travels from person to person and how it can be combated.

Mary's Birthday—a coloured cartoon film showing by a simple story the dangers of fly contamination of the spread of disease by germs in the home, and how these dangers can be overcome.

Surprise Attack—deals with the importance of vaccination. The story is of an outbreak of Smallpox in a town, tells how it was caused and the measures taken to limit its spread.

Another Case of Poisoning—a film for food handlers of all kinds. Food poisoning is all too common and this film, by examining the food contacts of a typical use on the day of attack, shows some of the ways in which it can be caused.

Behind the Menu—a Canadian film showing the best arrangement for restaurant kitchens, staff hygiene, vermin and rodent control, dish washing and storage.

A Good Housewife in her Kitchen—a film dealing with the efficient methods of food storage which can be used by the ordinary housewife who has not a perfectly equipped kitchen.

Playing with Fire—deals with accidents which may happen to young children by burning and scalding through inadequate precautions at the home.

Road Figures—the importance for health of good posture, using as examples the man in the street, the housewife, and a factory worker.

Old Wives' Tales—a cartoon film on health exploding three popular fallacies : (1) Ne'er cast a clout, (2) A little dirt won't hurt you, (3) Night air is dangerous.

Our teeth—a film covering all the aspects of dental hygiene.

Penicillin—the story of the discovery of penicillin.

Tracing the Spread of Infection (Pemphigus Neonatorum)—new-born babies are subject to infection in a high degree. This film shows how easily infection may be spread. The film was shown to the Health Visitors and Midwives.

A Modern Guide to Health—a humourous cartoon treatment of general health problems, correct posture, the value of exercise, the importance of suitable clothes, how to avoid insomnia.

Young Children's Sleep—an explanation of some of the causes of inadequate and troubled sleep in adults and children.

Young Children's Ears—deals with the structure of the ear and the damage that may be caused by abscesses, insertion of small objects such as peas, etc. Methods of treatment by parents and doctors are shown.

Young Children Walking—some hints on the importance of healthy feet; size, shape and flexibility of footwear; remedial exercises to check deformities in their early stages.

Young Children's Eyes—the film shows why and how common defects, diseases and injuries to the eyes should be treated.

In districts with a Welsh-speaking background the Welsh Films “Noson Lawen” and “David” were shown. They deal with life in Wales and are really excellent films.

I should like to express my thanks to Mr. Kenneth Davies, the Council's Road Safety Organiser, for his great help in showing the films.

SHOPS ACT.

The provisions dealing with the health and comfort of shop workers are found in the Shop Act, 1934. They include heating, ventilation, sanitation, lighting, washing facilities, facilities for taking meals and seating accommodation for female workers.

With the exception of seating accommodation, the Act defines no standards and relies upon the interpretation of the words “Suitable and Sufficient.” Seats must be provided for female workers in the proportion of one seat per three workers.

The District Council Health Departments are responsible for the supervision of the first three requirements, and the County Council for the remainder.

The County Council's duties under the above Sections were transferred from the Police to the County Health Department in the early part of the year. I found it necessary to interview the representatives of the various multiple stores to obtain some uniformity in their branches throughout the County. Two premises were found to have insufficient sanitary accommodation and these were referred to the District Council's Health Department for action.

Fertilisers and Feeding Stuffs Act—24 samples were taken during the year and all were satisfactory.

Pharmacy and Poisons Act—The duties devolving upon the County Council under the Act are :—

- (a) The names of all shopkeepers, other than registered pharmacists, who sell Part II poisons, are to be entered on the Council's lists.
- (b) To see that any deputy appointed under Rule 14 is a responsible person.
- (c) To see that the substances which contain Part II poison which appear in the first schedule of the Poisons Rule are being sold by the listed seller or by a responsible deputy.
- (d) That a Poisons Book is kept in the prescribed form and manner and that all entries therein are in order.
- (e) That the storage arrangements for certain poisons are adequate.
- (f) That the requirements as to labels and type of containers are complied with.

There are 257 listed sellers of poisons in the County and these are subject to periodic inspection.

(Signed) E. LEWIS,
County Sanitary Inspector."

Section F.

SANITARY CIRCUMSTANCES.

The supervision of closet accommodation, provision for refuse collection and disposal, cesspool cleaning, the sanitary inspection of their respective areas, the inspection and supervision of shops, offices and camping sites, the abatement of nuisances, including any arising from smoke, the supervision of swimming baths and pools, disinfection and disinfection—all these are included in the duties which devolve primarily upon Local Sanitary Authorities and upon which the respective District Medical Officers of Health are required to report annually and, when necessary, specifically.

Samples of water are forwarded for bacteriological analysis to the Public Health Laboratory at Conway and at Birkenhead by all the county district councils at frequent intervals. Generally speaking, the samples from piped supplies have been satisfactory, although the many samples of water from wells in the County leave much to be desired.

There is nothing of special interest to report with regard to river pollution.

All Schools in the County are inspected for sanitary defects at each routine medical inspection, and all defects found are reported to the Local Education Authority.

Section G.**HOUSING.**

All the County District Councils have made such progress with their housing schemes as has been possible having regard to the shortages of materials, man-power, etc. All have given special consideration to the re-housing of families which have, for various reasons, been reported to them by the County Health Department as being in need of re-housing, and more particularly to those families in which there are persons suffering from Tuberculosis.

